I N	Agenc	y Name		STON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2321010					
C ·	ORI	NG				02102	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034			│ □ Att │ At Found │ S M T 剉 T F S Month Day Yr Time							THE S	Day Time O5 24 2023 18:37 Hrs. Last Known Secure S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H T F S M T H					
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T A	#3	rime I	ncident						Att Com	Premise	тур	pe				- 1	Victim Reside	ence Type ily ∏Multi Family	
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МО	D.	АТА О	MITTEL)					☐ Yes ☐ No			A N/A							
V	# of Victims Type																		
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I C		Victim/	Business	Name (Last, First,	dle)			Victim of Crime # DOB / Age				Race	Sex	Relationship To Offender	Resident Status				
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					ATA OMI	ITTED													
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ID	Office:		MAD. I	ID D. <i>D. (16269)</i>		Officer Sig	Officer Signature Supervisor Signature WHITE, R. D. (15708)												
1D	Complainant Signature Case								Status Case Disposition:										
Status							☐ Further Investigation ☐ Unfounded ☐ Located ☐ Cleared by Arrest ☐ Refuse to Coopera							ooperate	radition Declined				
							Closed	sed/Cleared						gency	Г	Page 1			