I N	Agenc	y Name		STON-SALEN	OLICE] IN	NCIDENT/INVESTIGATION						OCA 2380103						
C ·	ORI	NC					1	REPORT							Date / Time Reported SMTWT星S Month Day Yr Time				
D E			NC 034				☐ Att At Found SMTWTFS Month Day Yr Time								Day Yr Time 11				
N T	#1			, vice-non Crimin	al C	Call For	Service	_	Com	Month 02				8:50 Hrs				Time 3 13:50 Hrs.	
D.	#2	Crime I	ncident					ı —	Att	Locatio	n of	Incident					•	Offense Tract	
A T		'rime I	ncident					_	Com	399 V			Mars	hall St, V	Vinsto			dence Type	
A	#3	Jime 1	nerdent						Att Com	Tiennse	, 1 y l	pc				- 1		mily Multi Family	
МО			d or Com MITTEE						•					Forcible Yes	X N/A	We	apon / Tool	S	
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															/Alcohol Use:			
	O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															Yes Unknown			
V I		Victim/		igious L.E. Off Name (Last, First,			ity Othe	er/Ur	ıknow	'n 📗		ternal Victim of		scious [Other Race	<u> </u>			
C T	Cris													me #			To Offend	er Resident	
I M	DATA OMITTED																	☐ Non-Resident	
IVI ·	Home Address DATA OM									TTED						Home Phone			
•	Employer Name/Address DATA							TA OMITTED							Business Phone				
•	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis				Vin					
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = Le (Chec	ost S k "OJ"	= Stolen column i	R = Recovered f recovered for other	D =	Damaged risdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Foun	ıd				
	Victim # DCI Status Value OJ QTY						Property Description								Mal	ce/Mo	odel	Serial Number	
- - P - R		" 25 2 3 3 4 7 7]	DATA OMITTED	
																		FOR INFORMATION	
																		SECURITY	
0																		PURPOSES	
Р ⁻ Е -																			
R T					\dashv													ONLY THE FIRST ELVE PROPERTY	
Y ·					\dashv												1 ***	ITEMS ARE	
-					\dashv													DISPLAYED ON	
																		P2C REPORTS	
-					\Box		1 5	1											
	Numb		ehicles S	tolen 0		mber Vehi	cles Recovere Officer Sig		0 re				ı	Supervisor	Signat	ure			
ID	WAI	DDEL		(15882)		ŴAD								DELL, J. A. (15882)					
	Comp	lainant	Signatur	e		•	Case Status Case Disposition: ☐ Further Investigation ☐ Unfounded ☐ Located								ΠБ	xtradition Declined			
Status							☐ Inact	tive /Clea	ared			Cleared	by Ail by Ai	rest Est] Refuse other Ag	gency	Cooperate	Page 1	