<b>.</b>	Agency Name INCIDENT/INVESTIGATION OCA																
I N	Agenc	y mann		STON-SALE	M P	POLICE							2407885				
C I	ORI												Date / Time Reported SMI MIFS Month Day Yr Time				
D			NC 034										03   05   2024   13:42 Hrs.				
E N	#1	Crime I	ncident(s	·									Last Known Secure SM TFS Month Day Yr Time				
Т				Found Pro	pert	y		X Com	03		24   13	:42  Hrs	s 03	05		13:41 Hrs.	
D	$ \begin{array}{ c c c } & & & & \\ \hline \\ \hline$															Offense Tract 311	
A T	Crime Insident														Reside	nce Type	
А	#3									- ) [ -						ly □Multi Family	
	How A	Attacke	d or Con	nmitted								Forcible		Weapon /	Tools		
MO	D	ATA O	MITTEI	)								□ Yes [ □ No	X N/A				
	# of V	ictims	Туре	□ Person		Business			Injur	y 🗌 None	□M	inor 🗆	Loss of	Teeth	Drug/A	lcohol Use:	
	0 Society Government Financial Institute Broken Bones Severe														The Lacerations ☐ Yes ☐ Unknown ☐ Other Major ☐ No ☐ N/A		
V I	0 □ Religious □ L.E. Officer Line of Duty □ Other/Unknown □ Internal □ Unconscious □   Victim/Business Name (Last, First, Middle) Victim of DOB / Age														No □ Notionship		
С	V1	v icuiti/			, which	uie)				Crime #		o / Age	Race		ffender		
T I	V I		DA	FA OMITTED												□ Non-Resident	
Μ	Home	Addre	SS										Home Pho	one	Unknown		
						D	ATA OMI	ATA OMITTED									
	Emplo	oyer Na	me/Add	ress		D	ATA OMITTED						Business Phone				
	VYR	M	ake	Model	S	tyle	Color	Li	c/Lis			Vin					
						-											
E R N V O L V E D	DATA OMITTED																
Status				R = Recovered			Z = Seized	B = Burr	ned C =	Counterfeit /	Forged	F = Foun	d				
Codes	(Chec Victim		column i	if recovered for oth	ier ju	risdiction)											
-	#	DCI	Status	Value	OJ	QTY		<u> </u>	Descripti	on				e/Model		erial Number	
		13	FOUN			1 (	40) FIREARM	<u>1S/AMMU</u>	NITION				РМС		DA	TA OMITTED FOR	
															I	FORMATION	
P· R																SECURITY	
0																PURPOSES	
Р' Е.																	
R															01	ILY THE FIRST	
T Y ·															TWEL	VE PROPERTY	
1.																ITEMS ARE	
-						├										ISPLAYED ON 2C REPORTS	
-															F		
-	Numb	er of V	ehicles S	tolen 0	Nu	mber Vehio	cles Recovere	d 0				I					
	Office	r		II	D#		Officer Sig	. 0				Supervisor	Signatu	re			
ID			V. (1520 Signatur				Case Status			Case Dispo	osition	MEAD	UWS, (	Ĉ. E. (15	570)		
	comp	amant	Signatur				☐ Further	□ Further Investigation □ Unfounded □ Lo						cated Extradition Declined			
Status								□ Inactive □ Cleared by Arrest □ □ Closed/Cleared □ Cleared by Arrest by Ar					Refuse to Cooperate				
							X Closed		hausted					ution Decli	ined	Page 1	