I N	Agenc	y Name		STON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2411103						
I C	ORI	NC	NC 034				1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s	Att   At Found SMTWTFS   Month Day Yr Time								Day Yr Time   03   30   2024   21:11 Hrs   Last Known Secure   S M T W T F = Month Day Yr Time								
N T	#1				on Of Auto Law-all Other				Com	Month 03	ı I			lime  :11  Hrs				Yr ㅡ	Time	Hrs.
D	2 Crime Incident																•		Offense Trac	et
A T	T. Crime Institut														Ra, W				124 ce Type	
A	#3				Com			1				- 1			y □Multi F	amily				
МО			d or Com MITTED											Forcible  Yes  No	X N/A	We	apon / T	ools"		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	0 Society Government Financial Institute Broken Bones Severe Lacerations Meligious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major No NA															own				
I	Victim/Business Name (Last, First, Middle)   Victim of DOB / Age														Race		Relatio	nship	Resident S	
C T	V1		DA	ΓΑ OMITTED								Crime #					To Offe	ender	☐ Residen	
I M ·																	Dl		Unknov	
	Home Address DATA OMI								TTED						Home Phone					
	Employer Name/Address DATA								A OMITTED							Business Phone				
•	VYR Make Model Style						Color Lic/Lis Vin						Vin							
T H E R S I N O L V E D	DATA OMITTED																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered for other	D = i er jur	Damaged isdiction)	Z = Seized	B =	Burn	ied C	= Co	unterfeit / I	Forged	F = Foun	ıd					
	Victim # DCI Status Value OJ QTY						Property Description								Mal	ce/Mc	odel	Sei	ial Number	
- - P - R														DA	ГА ОМІТТ	ED				
					_													IN	FOR FORMATION	NC
					$\dashv$														SECURITY	
O P -																			PURPOSES	3
Р Е -																		ONT	N THE EN	DOT
R T Y					$\dashv$												7		LY THE FII /E PROPER	
																			ITEMS AR	
-																		DI	SPLAYED	ON
																		P2	C REPORT	ГS
-	Num1	or of V	ahiolos C	tolen 0	N	nhar Val:	olas Dagarras	d	0											—
	Officer ID# Officer Signature Supervisor Signature														-					
ID	BOV	'ARD,	M. J. (		KOR							V, A. R. (15714)								
Status	Comp	iainant	Signatur	☐ Inact									ē	Page 1	ined					