| I N | Agenc | y Name | | STON-SALEN | OLICE |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2411600 | | | | | | | |
|---|---|---------|-------------------|------------|--|--------|---|--------------------------|----------|-----------------------------|--|-----------|--|--|--------------------------------|--|--------------------|-------|----------|------|--|
| C I | ORI | NC | NC 034 | 10200 | | | 1 | REPORT | | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | | | ncident(s | | │ │ │ │ │ │ Att │ At Found │ │ │ │ □ ▼ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | | | | | | | | 04 03 2024 20:19 Hrs. | | | | | | | | |
| N T | #1 | | , Suspicious P | ı — | ☐ Att At Found SM TH TFS Month Day Yr Time Month Day Yr Time Month Day Yr Time Month Day Month | | | | | | | | ast Known Secure SM 기포기 다 S onth Day Yr Time 04 03 2024 20:18 Hrs. | | | | | | | | |
| D | #2 | Crime I | ncident | 1 | | Att | Locatio | n of | Incident | | | | | • | | Offense T | | | | | |
| A T | Crime Institut | | | | | | | | | | | | | | | | 27107 Victim Re | sidon | 211 | | |
| A | #3 | Jime I | neident | | | | | ☐ Att Premise Type ☐ Com | | | | | | | ☐ Single Family ☐ Multi Family | | | | | | |
| МО | | | d or Com | | | | | • | | | | | Forcible Yes | X N/A | We | apon / To | ols | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Us | | | | | | | | | | | | | | | e: | | | | | |
| | O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | I | | | | | |
| V I | | Victim/ | | - | | | ity 🔲 Othe | er/Un | know | n [| | Victim of | | | Other Race | <u> </u> | | No | □N/A | | |
| C T | V/1 | | | | | | | | | | | | Victim of Crime # DOB / Age | | | | To Offer | nder | ☐ Resid | lent | |
| I | ` - | | DA | ΓA OMITTED | | | | | | | | | | | | | | | □ Non-l | | |
| M | Home Address DATA OMI' | | | | | | | | | TTED | | | | | | Home Phone | | | | | |
| , | Employer Name/Address DATA O | | | | | | | | | | | | | | Business Phone | | | | | | |
| , | VYR Make Model Style | | | | | | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mal | ake/Model Serial Number | | | | oer | |
| | | | | | | | | | | | | | | DA | TA OMI | TED | | | | | |
| - P - R | | | | | | | | | | | | | | | | | | INI | FORMAT | FION | |
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| ο . | | | | | | | | | | | | | | | | | | | PURPOS | ES | |
| P - | | | | | | | | | | | | | | | | | | 017 | | | |
| R T | | | | | \dashv | | | | | | | | | | | | т | | LY THE I | | |
| Y · | | | | | - | | | | | | | | | | | | 1 1 | | ITEMS A | | |
| • | | | | | \dashv | | | | | | | | | | | | | | SPLAYE | | |
| | | | | | | | | | | | | | | | | | | P2 | C REPO | RTS | |
| | | | | | \prod_{i} | | 1 5 | 1 | | | | | | | | | | | | | |
| | Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | | | | | | | |
| ID | PAR | KER, | | (15875) | | | | | | | | CAFF | or Signature <i>FEY, J. D. (15234)</i> | | | | | | | | |
| | | | | | | | | | | r Investigation Unfounded I | | | | | | ocated Extradition Declined | | | | | |
| Status | | | | | | Closed | ☐ Inactive ☐ Cleared by Arrest ☐ Closed/Cleared ☐ Cleared by Arrest by Arrest Death of Offender | | | | | | rest by And | Refuse to Cooperate Another Agency Prosecution Declined Page 1 | | | | | | | |