I N	Agenc	y Name		STON-SALEN	1 P	OLICE	IN	CIDENT/INVESTIGATION						OCA 2411764					
C ·	ORI	NG			1	REPORT						Date / Time Reported SMTWTES Month Day Yr Time							
D E			NC 034				A# 1	At Found	d	ISIM	ılılw	TI-FIS	04		05 2024	Time 4			
N T	#1			, Obsenity/ Pornog	hv Viola	ution	ı —	Month Day Yr Time Month Day Yr Ti									Time 10.54 Hrs.		
D .	#2		ncident	,	, <u>F</u>			_	Att	Location			7 10	<i></i>	7 04			Offense Tract	
A	Com 1207 E Twenty-second St, Winst																	223	
T A	#3	Jillie 1	ncident						☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family			
МО			d or Con MITTEI						•					Forcible Yes No	X N/A	We	apon / Tools		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major No NA															_			
I		Victim/		Name (Last, First,			ity 🔲 Ouk	21/ (31)	IKHOW	<u>п</u> Ц	_	Victim of		3 / Age	Race		Relationship	Resident Status	
C T	Crime #																To Offender	☐ Resident ☐ Non-Resident	
I M ·																		Unknown	
	Home Address DATA OMIT									ГТЕD						Home Phone			
•	Employer Name/Address DATA OMI								TTED							Business Phone			
•	VYR	Color Lic/Lis Vin						Vin											
0																			
T H																			
E R	R																		
S																			
I	DATA OMITTED																		
N																			
O																			
L V																			
E D																			
Status	S L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Codes	(Chec Victim		column	f recovered for other	r juri T	sdiction)													
	# DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mo		rial Number TA OMITTED		
-					\dashv												DF	FOR	
P - R _																	IN	FORMATION	
																		SECURITY	
O P -					_													PURPOSES	
E - R					\dashv												ON	ILY THE FIRST	
T .																		VE PROPERTY	
Y																		ITEMS ARE	
					\Box													ISPLAYED ON	
-					\dashv												F	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehi	cles Recovere	d	0										
	Officer ID# Officer Signature Supervisor Signature																		
ID			Signatur		Case Status	KRAWCŽYK, K. K. (14788) Case Status Case Disposition:													
~.	Comp		~1511dtul	-	r Inve	estiga	tion	[☐ Unfoun	ded	Loc	ated	. 4- 0	Ext	adition Declined				
Status							☐ Closed	/Clea	Cleared								Page 1		