I N	Agenc	y Namo		STON-SALEN	CIE	CIDENT/INVESTIGATION						OCA 2412583							
C	ORI	NC	NC 034	10200	1		REPORT						Date / Time Reported SMTWIFS Month Day Yr Time						
D E			ncident(s		☐ Att At Found SMTWIFS Month Day Yr Time						Day IF Time 04 11 2024 13:43 Hrs. Last Known Secure SMTWTFS Month Day Yr Time								
N T	#1			, Assault-non Agg	ı —	Com	Month 04	D			Time 3:43 Hrs			Day Yr 1	Time				
D	#2		ncident				Att	Location	ı of	Incident						Offense Tract			
A T	Crime Incident																	221	
A	#3	Jillie I	neident				☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family						
МО			d or Com MITTEI								Forcible Yes	X N/A	We	apon / Tools					
	# of Victims Type No															lcohol Use:			
3.7	1															_			
V I		Victim/		Name (Last, First,			пту 🔲 Оппе	21/ U11	KIIOW	11		Victim of		S / Age	Race			N/A Resident Status	
C T	V1			ΓA OMITTED					Crime #		47			To Offender	☐ Resident ☐ Non-Resident				
I M				TA OMITTED					1,			В	M	1AQ	Unknown				
	Home Address DATA OMIT									TTED						Home Phone			
	Employer Name/Address DATA OMI								TTED						Business Phone				
,	VYR	Color	Color Lic/Lis Vin						Vin										
T H E R S I N V 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	ed $C = 0$	Cou	interfeit / F	orged	F = Found	i				
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	ce/Mo	del So	erial Number		
- - P - R													DA	TA OMITTED					
					_												IN	FOR FORMATION	
																		SECURITY	
O p -																		PURPOSES	
E -					_												ON	ILY THE FIRST	
R T					\dashv													VE PROPERTY	
Y ·																	1112	ITEMS ARE	
																	D	ISPLAYED ON	
																	I	2C REPORTS	
-	Numi	or of 17	ahialaa C	tolon 0	N'	nhar Val-!	alas Dagays	d	0										
	Office	Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature																	
ID	LYN	T. M. (1		<i>MATHEWS, C. K.</i> (15509)								<i>.</i> (15509)							
Status	Comp	iainant	Signatur	ž			☐ Inact	Case Status Further Investigation							ooperate	Page 1			