| I N | Agenc | y Name | | STON-SALEN | 1 P | OLICE | IN | CIE | IDENT/INVESTIGATION | | | | | | OCA 2412679 | | | | | |
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| C I | | | | | | | | | | | | | | | Date / | e/Time Reported SMTWT\FS nth Day Yr Time | | | | |
| D E | | | ncident(s | | | | Λ++ I | At Foun | nd | Isln | ılılw | TIFI-SI | 04 | | 12 20 | 24 I | Time 3:52 Hrs. TWTFs | | | |
| N T | #1 | | Other O | ution | Month Day Yr Time | | | | | | | | Month Day Yr Time | | | | | | | |
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| A | | 7 T | : 1 | | | | | _ | Com | | | | Win | ston-sale | m NC | | 01 Victim Res | | 11 | |
| T A | #3 | Jillie 1 | ncident | | | Att Com | Premise ' | тур | ЭС | | | | | | | ype Multi Family | | | | |
| МО | | | d or Com | | | | | • | • | | | | | Forcible Yes No | X N/A | We | apon / Too | ls | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | l Use: | | | | |
| * 7 | National Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unknow | | | | | | | | | | | | | | | - | | | | |
| V I | | Victim/ | | Name (Last, First, | | | пту 🔲 Оппе | 21/ () 11 | ikilow | ¹¹ _ | | Victim of | | S / Age | Race | <u> </u> | | |]N/A ident Status | |
| C T | V1 DATA OMITTED | | | | | | | | | | | | | | | | To Offeno | ler 🗀 1 | Resident Non-Residen | |
| I M | | | DA. | IA OMITIED | | | | | | | | 1, | | | | | | | von-Resideni Unknown | |
| IVI · | Home | Addre | | ГТЕО | | | | | | | | Home Phone | | | | | | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | FTED | | | | | | Business Phone | | | | |
| | VYR | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | | | | |
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| O T H E R S I N V O L V | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| E D | | | | | | | | | | | | | | | | | | | | |
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| | # DCI Status Value OJ QT | | | | | | Property Description | | | | | | | Mak | e/Mo | | Serial N | Number OMITTED | | |
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| - | Numb | er of V | ehicles S | tolen 0 | Nun | nber Vehi | cles Recovere | d | 0 | | | | | | | | | | | |
| | Office | r | | ID | | | Officer Sig | | - | | | | | Supervisor | Signati | ire | 5250) | | | |
| ID | MARTINEZ, S. P. (15894) Complainant Signature Case Sta | | | | | | | | ÖLIV | | | | | | | D, Č. D. (15359) | | | | |
| Status | Сопр | 14111 | o i giratul (| | | | ☐ Further ☐ Closed ☐ Closed | r Inve tive /Clea | ared | | | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded by Ai by Ai | Loc rest rest by And | Refuse other Ag | gency | ooperate | | on Declined Page 1 | |