| I N | Agenc | y Name | | STON-SALEN | OLICE | INCIDENT/INVESTIGATION | | | | | | | OCA 2413282 | | | | | |
|--|---|--------------|----------------------|------------------------------------|--|------------------------|------------------------------------|------------------|------|----------|----------------------------|---|------------------|--|---|-----------------------------|--------------------------|--|
| C | ORI | NC | NC 034 | 10200 | | | 1 | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | |
| D E | | ncident(s | | <u> </u> | Att At Found SMTWTFS Month Day Yr Time | | | | | | | Day 17 Time 02.47 Hrs. Last Known Secure SMTMTFS Month Day Yr Time | | | | | | |
| N T | #1 | | | Aggravated A | ssau | ılt | | <u> </u> | | Month 04 | | | ime 2:47 Hrs | | | | Time $02:47$ Hrs. | |
| D | #2 | Crime I | ncident | | | | | _ | | | | | | | | | Offense Tract | |
| A T | #3 | Crime I | ncident | | | | | Att Premise Type | | | | | on-sa | Victim Residence Type | | | | |
| A | | \ | 1 C | | | | | ☐ Com Forcible | | | | | F3-1- | ☐ Single Family ☐ Multi Family Weapon / Tools | | | | |
| MO | | | d or Com MITTEE | | | | | | | | | | | X N/A | | | | |
| V | # of V | ictims | Type | □ Person | _ | Business | | | | Injury | None ∑ | | _ | Loss o | | | lcohol Use: | |
| | 1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No NA | | | | | | | | | | | | | | | _ | | |
| I C | 1 | Victim/ | Business | Name (Last, First, | Middl | le) | | Victim of DC | | | | | 3 / Age | Race | Sex | Relationship To Offender | Resident Status Resident | |
| T I | V1 | | DA | ΓA OMITTED | | | | | 1 | | 32 | $\mid_{B}\mid$ | $_{F}$ | 1RU | ☐ Non-Resident | | | |
| M | Home Address | | | | | | | | | | | | | Б | | ne Phone | Unknown | |
| | DATA O | | | | | | | | | | | | | Business Phone | | | | |
| | | | | | | | ATA OMITTED Color Lic/Lis Vin | | | | | | Business I none | | | | | |
| | VYR | M | ake | Model | Sty | /le | Color | | Lic | /L1S | | | Vin | | | | | |
| O T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column i | R = Recovered frecovered for other | D = E r juris | Damaged sdiction) | Z = Seized | B = | Burn | ed C = C | ounterfeit / F | Forged | F = Found | i | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | Mak | ce/Mo | | erial Number | |
| - - P - R _ | | | | | | | | | | | | | DA | TA OMITTED FOR | | | | |
| | | | | | + | | | | | | | | | | | IN | FORMATION | |
| | | | | | | | | | | | | | | | | | SECURITY | |
| O P . | | | | | _ | | | | | | | | | | | | PURPOSES | |
| E · | | | | | - | | | | | | | | | | | ON | ILY THE FIRST | |
| R T | | | | | | | | | | | | | | | | | VE PROPERTY | |
| Υ . | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | ISPLAYED ON | |
| | | | | | | | | | | | | | | | | P | 2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Num | her Vehic | eles Recovere | d | 0 | | | | | | | | | |
| | Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | | | | |
| ID | | | 4825) | | Cons Stat | REYNOLDS, S. | | | | | | | | . (15618) | | | | |
| Status | Comp | iaiiiäNt | Signatur | | | | Case Status Further X Inact Closed | Inveive /Clea | red | | ☐ Unfoun☐ Cleared☐ Cleared | ded by Ai by Ai | Loca | Refuse ther Ag | gency | ooperate | Page 1 | |