| I<br>N  | Agenc                               | y Name  |                      | STON-SALEN                           | OLICE                              | ] IN   | INCIDENT/INVESTIGATION                   |  |      |          |      |                      |                       | OCA 2413542                                |                                |  |          |               |                   |       |
|---|-------------------------------------|---------|----------------------|--------------------------------------|------------------------------------|--|--|--|------|----------|------|----------------------|-----------------------|--|--------------------------------|--|----------|---------------|-------------------|-------|
| C I   | ORI                                 | NC      | NC 034               |                                      |                                    |  | 1  | REPORT   |      |          |      |                      |                       |  |                                | Date / Time Reported   S M T W T F S Month Day Yr Time |          |               |                   |       |
| D<br>E  |                                     |         | ncident(s            |                                      |                                    | <u> </u>   | ☐ Att At Found SMTWT王S Month Day Yr Time |  |      |          |      |                      |                       |  | Day   Time   O3:08 Hrs.        |  |          |               |                   |       |
| N<br>T  | #1                                  |         |                      | Suspicious P                         | _                                  |  |  |  |      |          |      |                      |                       |  | r 💳                            | Time   | rs.      |               |                   |       |
| D   | #2                                  | Crime I | ncident              |                                      | _                                  | Att Location of Incident Offe                                |  |  |      |          |      |                      |                       |  |                                | Offense Tract 124                                      |          |               |                   |       |
| A<br>T  | #3                                  | Crime I | ncident              |                                      | ☐ Com 284 Summit Square Bv, Winsto |  |  |  |      |          |      | n-saie               | Victim Residence Type |  |                                |  |          |               |                   |       |
| A   |                                     |         |                      |                                      |                                    |  |  | Com  |      |          |      |                      |                       |  | ☐ Single Family ☐ Multi Family |  |          |               |                   |       |
| МО  |                                     |         | d or Com             |                                      |                                    |  | Forcible                                 |  |      |          |      |                      |                       | Weapon / Tools                             |                                |  |          |               |                   |       |
|   | # of Victims   Type                 |         |                      |                                      |                                    |  |  |  |      |          |      |                      |                       |  |                                |  |          |               |                   |       |
| V   | 0                                   |         |                      | ciety 🔲 Governm<br>igious 🔲 L.E. Off |                                    |  |  |  | know |          | •    | oken Bone<br>ernal 🔲 |                       | ☐ Severe                                   | Lacera<br>Other                |  |          | ] Yes<br>] No | □ Unknov<br>□ N/A | vn    |
| I<br>C  | 1                                   | Victim/ | Business             | Name (Last, First,                   | Middl                              | le)  |  | <del></del>  |      |          |      |                      | 3 / Age               | Race Sex Relationship Resident To Offender |                                |  |          | Resident Sta  | tus               |       |
| T<br>I  | V1                                  |         | DA                   | ΓΑ OMITTED                           |                                    |  |  |  |      |          | 1    | Jime #               |                       |  |                                |  | 10 Offer | luci          | ☐ Non-Resi        | ident |
| M   | Home Address                        |         |                      |                                      |                                    |  |  |  |      |          |      |                      |                       |  | Home Phone                     |  |          |               |                   | n     |
|   | DATA OM                             |         |                      |                                      |                                    |  |  |  |      |          |      |                      |                       |  | D : N                          |  |          |               |                   |       |
|   | Emplo                               | oyer Na | me/Addi              | ress                                 | ATA OMITTED                        |  |  |  |      |          |      |                      | Business Phone        |  |                                |  |          |               |                   |       |
| ·   | VYR                                 | M       | ake                  | Model                                | Sty                                | /le  | Color                                    |  | Lic  | /Lis     |      |                      |                       | Vin  |                                |  |          |               |                   |       |
| T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED                        |         |                      |                                      |                                    |  |  |  |      |          |      |                      |                       |  |                                |  |          |               |                   |       |
| Status<br>Codes   | (Chec                               | k "OJ"  | = Stolen<br>column i | R = Recovered for other              | D = D<br>r juris                   | Damaged sdiction)  | Z = Seized                               | B =  | Burn | ed C = 0 | Cour | nterfeit / F         | orged                 | F = Foun                                   | d                              |  |          |               |                   |       |
|   | Victim<br># DCI Status Value OJ QTY |         |                      |                                      |                                    | QTY  | Property Description                     |  |      |          |      |                      |                       |  | Mak                            | ake/Model Serial Number                                |          |               |                   |       |
| P -<br>R -<br>O -   |                                     |         |                      |                                      |                                    |  |  |  |      |          |      |                      |                       | DA   | FOR                            | D  |          |               |                   |       |
|   |                                     |         |                      |                                      | +                                  |  |  |  |      |          |      |                      |                       |  |                                |  |          | IN            | FORMATION         | N     |
|   |                                     |         |                      |                                      |                                    |  |  |  |      |          |      |                      |                       |  |                                |  |          |               | SECURITY          |       |
|   |                                     |         |                      |                                      | _                                  |  |  |  |      |          |      |                      |                       |  |                                |  |          |               | PURPOSES          | _     |
| E -<br>R  |                                     |         |                      |                                      | +                                  |  |  |  |      |          |      |                      |                       |  |                                |  |          | ON            | LY THE FIR:       | ST    |
| T.  |                                     |         |                      |                                      | $\top$                             |  |  |  |      |          |      |                      |                       |  |                                |  | TV       |               | /E PROPERT        |       |
| Υ :   |                                     |         |                      |                                      |                                    |  |  |  |      |          |      |                      |                       |  |                                |  |          |               | ITEMS ARE         |       |
|   |                                     |         |                      |                                      | _                                  |  |  |  |      |          |      |                      |                       |  |                                |  |          |               | SPLAYED O         |       |
| -   |                                     |         |                      |                                      | +                                  |  |  |  |      |          |      |                      |                       |  |                                |  |          | P2            | C REPORTS         | _     |
| -   | Numb                                | er of V | ehicles S            | tolen 0                              | Num                                | nber Vehic   | cles Recovere                            | d  | 0    |          |      |                      |                       |  |                                |  |          |               |                   | -     |
| ID  | Office                              |         | ER R                 | ID (16050)                           | Officer Sig                        | Officer Signature Supervisor Signature WHELAN, L. T. (15232) |  |  |      |          |      |                      |                       |  |                                |  | $\neg$   |               |                   |       |
| עו  |                                     |         | Signature            |                                      | Case Status                        |  |  |  |      |          |      | WILL                 | LLCHY, L. 1. (13434)  |  |                                |  |          |               |                   |       |
| Status  | -                                   |         |                      |                                      |                                    |  | ☐ Closed                                 | ☐ Further Investigation ☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate ☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency ☐ Closed/Leads Exhausted ☐ Death of Offender ☐ Prosecution Decline |      |          |      |                      |                       |  |                                | Cooperate  | _        | dition Declin | ied               |       |