

Supplement/Narrative

REPORT # 95028

INITIAL OFFENSE CLASSIFICATION Death Investigation	DATE ORIGINAL REPORT 050695	DATE THIS REPORT 051295	CONNECTING CASE #
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Exceptional Clearance Category () Declined By DA

() Open	(x) Exceptional Clearance	() Victim Failed To Prosecute	() Other Jurisdiction
() Unfounded	() Cleared by Arrest	() Suspect Death	() Juvenile
		() Suspect Incarcerated	() Duplicate Charge
		() Prosecute for Lesser Charge	(x) Accidental

MCI () Deactivated () Insurance Report

TYPE OF STRUCTURE () Residential () Business () Garage - Attached () Yes () No

METHOD OF ENTRY () Force () No Force METHOD OF EXIT () Force () No Force

POINT OF ENTRY
 () Unknown () Front () Rear () Side () Roof/Floor () Garage () Door () Window

POINT OF EXIT
 () Unknown () Front () Rear () Side () Roof/Floor () Garage () Door () Window

Crime Scene
 () Canvass () Photos () Finger Prints () Evidence

73. Property	A. Currency	B. Jewelry	C. Clothing	D. Vehicle (Local)	E. Office Equipment	F. TV, Radio, Cameras	G. Firearms	H. House-hold Goods	I. Consumables	J. Livestock	K. Miscellaneous	L. TOTAL
STOLEN	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
RECOVERY	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

74. Section IF PROPERTY ITEMIZATION, USE THE FOLLOWING FORMAT.
 75. Item No. 76. Quantity 77. Brand Name 78. Property Description (Include Serial Number) 79. Stolen (\$) 80. Recovered (\$) 81. UCR Type

This case has been investigated and it has been determined that this death was an accident and no criminal charges will be filed.

CERT.	56. Officer Signature, Number and Unit MCMAHAN <i>[Signature]</i> 909	57. Supervisor Initials and Date <i>[Signature]</i> 5/18/25	58. Page 1 of 1
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