| I<br>N   | Agenc                             |                 | NSTON-SALEN          | CIDENT/INVESTIGATION                 |                  |                   |                      |        |         | OCA 2425516 |                           |                      |   |                                |                |  |                             |                   |  |  |
|--|-----------------------------------|-----------------|----------------------|--------------------------------------|------------------|-------------------|----------------------|--------|---------|-------------|---------------------------|----------------------|---|--------------------------------|----------------|--|-----------------------------|-------------------|--|--|
| I C  | ORI                               | NC              | NC 034               | 40200                                | 1                |                   | REPORT               |        |         |             |                           |                      | Date / Time Reported SMTWIFS<br>Month Day Yr Time |                                |                |  |                             |                   |  |  |
| D<br>E   |                                   |                 | ncident(s            |                                      |                  |                   | Att                  | At Fou | nd      | SM          | 1 T W                     | ⊒ F S                | 07  |                                | 18   2024      | $A \mid \stackrel{Time}{06:25} Hrs. S \mid M \mid T \mid W \mid T \mid F \mid S \mid M \mid T \mid F \mid S \mid F \mid S \mid F \mid S \mid F $ |                             |                   |  |  |
| N<br>T   | #1                                |                 |                      | ,<br>Assault-non Agg                 | grave            | ated Ass          | sault                | ı —    | Com     | Month 07    | Ι                         |                      |   | [포] F] S]<br>Fime<br>5:25  Hrs |                |  | Day Yr -                    | Time $06:24$ Hrs. |  |  |
| D.   | #2                                |                 | ncident              |                                      | ,                |                   |                      |        | Att     | Locatio     | n of                      | Incident             |   |                                |                |  |                             | Offense Tract     |  |  |
| A<br>T   | Com 1200 N Patterson Av - BLK, Wi |                 |                      |                                      |                  |                   |                      |        |         |             |                           |                      |   |                                |                |  | m NC Victim Reside          | 112               |  |  |
| A  | #3                                | Jillie I        | iicideiit            |                                      |                  |                   |                      |        | Com     | Fielilise   | : 1 y                     | pe                   |   |                                |                |  |                             | ly □Multi Family  |  |  |
| МО   |                                   |                 | d or Com             |                                      |                  |                   |                      |        |         |             |                           |                      |   | Forcible Yes                   | N/A            | We   | apon / Tools                |                   |  |  |
|  |                                   |                 |                      |                                      |                  |                   |                      |        |         |             |                           |                      |   |                                |                | 1 1 177  |                             |                   |  |  |
|  | # 01 V                            | ıctıms          | Type  ☐ So           |                                      | _                | Business<br>☐ Fi  | inancial Instit      | ute    |         | Inju        | •                         |                      | □ M<br>es   | Iinor □<br>□ Severe            | Loss o         |  | _                           | es Unknown        |  |  |
| V  | 1                                 |                 | ☐ Rel                | igious 🔲 L.E. Off                    | icer I           | Line of Du        |                      |        | nknow   |             | _                         |                      |   | scious [                       | Other          | Majo   | r 🛛 🖂 N                     |                   |  |  |
| I<br>C   |                                   | Victim/         | Business             | Name (Last, First,                   | Midd             | le)               |                      |        |         |             |                           | Victim of<br>Crime # | DOI   | 3 / Age 57                     | Race           | Sex  | Relationship<br>To Offender |                   |  |  |
| T<br>I   | V1                                |                 | DA                   | TA OMITTED                           |                  |                   |                      |        | 1,      |             | 37                        | W                    | $_{F}$  |                                | ☐ Non-Resident |  |                             |                   |  |  |
| М .  | Home                              | Addre           | SS                   |                                      |                  |                   |                      |        |         |             | W F ☐ Unknown  Home Phone |                      |   |                                |                |  |                             |                   |  |  |
|  | Employer Name/Address DATA OMI'   |                 |                      |                                      |                  |                   |                      |        |         |             |                           |                      |   |                                |                | Business Phone   |                             |                   |  |  |
|  | DATA OMI                          |                 |                      |                                      |                  |                   |                      |        |         |             |                           |                      |   |                                |                |  | Busiliess Fliolie           |                   |  |  |
|  | VYR                               | М               | ake                  | Model                                | Sty              | yle               | Color                |        | Lic     | c/Lis       |                           |                      |   | Vin                            |                |  |                             |                   |  |  |
| O<br>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  | L = L<br>(Chec                    | ost S<br>k "OJ" | = Stolen<br>column i | R = Recovered if recovered for other | D = I<br>er juri | Damaged sdiction) | Z = Seized           | B =    | Burn    | ied C=      | Coı                       | unterfeit / F        | orged   | F = Foun                       | d              |  |                             |                   |  |  |
|  | Victim # DCI Status Value OJ QTY  |                 |                      |                                      |                  |                   | Property Description |        |         |             |                           |                      |   | Mal                            | ce/Mo          | del S  | erial Number                |                   |  |  |
| -<br>-<br>P -<br>R   |                                   |                 |                      |                                      |                  |                   |                      |        |         |             |                           |                      | DA  | ATA OMITTED                    |                |  |                             |                   |  |  |
|  |                                   |                 |                      |                                      | $\dashv$         |                   |                      |        |         |             |                           |                      |   |                                |                |  | 11                          | FOR<br>NFORMATION |  |  |
|  |                                   |                 |                      |                                      |                  |                   |                      |        |         |             |                           |                      |   |                                |                |  |                             | SECURITY          |  |  |
| O<br>P -   |                                   |                 |                      |                                      |                  |                   |                      |        |         |             |                           |                      |   |                                |                |  |                             | PURPOSES          |  |  |
| Р<br>Е -   |                                   |                 |                      |                                      | _                |                   |                      |        |         |             |                           |                      |   |                                |                |  | 0.1                         | H M THE ENDOR     |  |  |
| R<br>T   |                                   |                 |                      |                                      | $\dashv$         |                   |                      |        |         |             |                           |                      |   |                                |                |  |                             | VE PROPERTY       |  |  |
| Y ·  |                                   |                 |                      |                                      | +                |                   |                      |        |         |             |                           |                      |   |                                |                |  | 1 WEI                       | ITEMS ARE         |  |  |
| -  |                                   |                 |                      |                                      | $\dashv$         |                   |                      |        |         |             |                           |                      |   |                                |                |  | D                           | ISPLAYED ON       |  |  |
|  |                                   |                 |                      |                                      |                  |                   |                      |        |         |             |                           |                      |   |                                |                |  | I                           | 2C REPORTS        |  |  |
| -  |                                   |                 |                      |                                      | $\prod$          |                   |                      |        |         |             |                           |                      |   |                                |                |  |                             |                   |  |  |
|  | Numb                              |                 | ehicles S            | tolen 0                              |                  | nber Vehic        | cles Recovere        |        | 0<br>re |             |                           |                      | ı   | Supervisor                     | Sionat         | ure  |                             |                   |  |  |
| ID   | HEL                               | R. (149         |                      |                                      |                  |                   |                      |        |         |             |                           | NER, K. B. (15655)   |   |                                |                |  |                             |                   |  |  |
|  | Comp                              | ainant          | Signatur             | e                                    |                  |                   | Case Status          | r Inve | estiga  | tion        |                           | Case Dispos          | ded   | Loc                            | ated           |  | □ Ext                       | radition Declined |  |  |
| Status   |                                   |                 |                      |                                      |                  |                   | ☐ Closed             |        |         |             |                           |                      |   |                                | Page 1         |  |                             |                   |  |  |