| I N | Agency Na | ame WI | CE IN | INCIDENT/INVESTIGATION | | | | | | OCA 2425747 | | | | | | |
|--|---|----------------------|--|------------------------|---|------------------|----------------------------------|-------------|----------------------------|-----------------------|--------------------------------|---|--------------|------------------------------|--|--|
| I C | ORI | C NC 02 | 40200 | | REPORT Da | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | □ Att At Found S M T W T F S | | | | | Day Time 2024 22:26 Hrs. Last Known Secure S M T M T F S M Onth Day Yr Time | | | | |
| N T | #1 Aggravated Assault | | | | | | | TT Com | | | | | | 7 19 2024 22:25 Hrs. | | |
| D . | #2 Crime Incident | | | | | | | Location of | of Incident | • | | | | | Offense Tract | |
| A T | Com 1129 S Stratford Rd/nb Silas | | | | | | | | | | | Creek Pw_stratfo, 312 Victim Residence Type | | | | |
| A | #3 Cniii | ie meident | | | ☐ Att Premise Type ☐ Com | | | | | | ☐ Single Family ☐ Multi Family | | | | | |
| МО | | ked or Cor OMITTE | | | | ☐ Yes | | | | | Forcible Yes | | | | | |
| | # of Victims Type No Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | |
| V I | _ | | ociety Governm | ent [| ☐ Financial Insti | | | 1 | Broken Bone | es | Severe | Lacera | ions | ☐ Ye | s Unknown | |
| | Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other | | | | | | | | | | | | r Major | | | |
| C T | 771 | | | | | | | Crime # | | | | | Sex | To Offender | Resident Resident | |
| I | DATA OMITTED | | | | | | | | 1, | | | $\mid w \mid$ | M | 1RU | ☐ Non-Resident ☐ Unknown | |
| М - | Home Address DATA O | | | | | | | | | | | | Home Phone | | | |
| | Employer Name/Address DATA C | | | | | | | | | | | Business Phone | | | | |
| | VYR | Color | Color Lic/Lis Vin | | | | | | | | | | | | | |
| | 2007 | HOND | CIVIC U.S. L | 4S | BUR | | F | FKK5260 |), <i>NC</i> | | 1HG. | FA16: | 5 <i>17L</i> | 129715 | | |
| O T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | |
| Coucs | Victim | | Value | Ť | Property Description | | | | | | Make/Model Serial Number | | | | | |
| | # D | 2007 BUR, | Property Description 007 BUR, FKK5260 NC | | | | | | HOND | | | TA OMITTED | | | | |
| - - P - | | | | | | | | | | | | | | | FOR | |
| | | | | | | | | | | | | | | | FORMATION | |
| R O | | | | | | | | | | | | | | | SECURITY PURPOSES | |
| Ρ - | | | | | | | | | | | | | | | T CIKI OBEB | |
| E - R | | | | | | | | | | | | | | ON | LY THE FIRST | |
| T Y | | | | | | | | | | | | | | | VE PROPERTY | |
| | | | | | | | | | | | | | | | ITEMS ARE | |
| - | | | | | | | | | | | | | | | SPLAYED ON 2C REPORTS | |
| - | | | | | | | | | | | | | | 1. | ZC KLI OK IS | |
| | Number o | f Vehicles S | Stolen 0 | Number V | ehicles Recovere | ed (|) | | | | | | | | | |
| ID | Officer RICE | I. (150 | 33) ID | Officer Si | Officer Signature SOMERVILLE, T. J. (16036) | | | | | | | | |) | | |
| ıν | RICE, J. L. (15933) Complainant Signature Case | | | | | | | | | | | WERVILLE, 1. J. (10030) | | | | |
| Status | - | - | | | ☐ Furthe ☐ Inac ☐ Close | ctive d/Clear | ed | ion | ☐ Unfoun☐ Cleared☐ Cleared | ded by Ai by Ai | Test by Ano | Refuse ther Ag | gency | ooperate | Page 1 | |