I N	Agenc	y Namo		NSTON-SALE	OLICE	IN	INCIDENT/INVESTIGATION								OCA 2425913						
C	ORI	NC	NC 02	40200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034	│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │									07 21 2024 04:10 Hrs.								
N T	#1 Aggravated Assault						Att At Found S M T W T F S M T W T F								Month Day Yr Time						
	#2	Crime I	ncident	118874114144		_		_	f Incident	7 02	<i>i:10</i> 1113	1 07		1 20		03:06 Hr Offense Tract					
D A				Larceny- All	Oth	er		☐ Com 1598 E Eighteenth St, Winstor													
T A	#3	Crime I	ncident						Att	Premise	t Ty	pe				- 1	Victim Re		• •	nilv	
	How A	Attacke	d or Con	nmitted				Com Forcibl						Forcible							
МО	D	ATA O	MITTEL)										☐ Yes [☐ No	X N/A						
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol U																				
V	1			ciety Governm			inancial Institution		know		_	roken Bone		Severe	Lacera	tions Maio		J Yes J No	Unknow	'n	
I	I □ Religious □ L.E. Officer Line of Duty □ Other/Unknown □ Internal □ Unconscious □ Victim/Business Name (Last, First, Middle) Victim of DOB / Age DOB / Age														Race			ship	Resident Stat	us	
C T	V1 DATA OMITTED									Crime #				34			To Offer	nder	Resident Non-Resident Non-Resident	doni	
I M												1,2			В	F			☐ Unknown		
171	Home Address DATA OMI									TTED						Home Phone					
	Employer Name/Address DATA OM														Business Phone					-	
	VYR	Color Lic/Lis Vin						Vin													
											—									\dashv	
O T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	: Co	unterfeit / F	Forged	F = Found	d						
	Victim #		Property Description							Mal	Make/Model Serial Number										
	1							RMS/AMMUNITION								NGFIELD/X DATA OMITTEI				5	
P - R - O																			FOR		
					\dashv														FORMATION SECURITY	_	
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Ρ.					\dashv													-	CIG OBEB	-	
E - R																		ON	LY THE FIRS	ίТ	
T Y																	TV	VEL	/E PROPERT	Ϋ́	
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•	Numb	er of V	ehicles S	tolen 0	Nur	mber Vehi	cles Recovere	d	0											_	
TD.	Office		VED 7	ID)#		Officer Sig	Officer Signature Supervisor Signature												\neg	
ID			KER, I Signatur	C. G. (16282)		Case Status	s			\top_{i}	Case Dispos	P, J. K. (14922)					\dashv				
Status	comp		<u></u>	-				r Inve tive /Clea	ıred			☐ Unfoun☐ Cleared☐ Cleared	ided l by A l by A	Locarrest	Refuse ther Ag	gency	ooperate		Page 1	ed	