I N	Agenc	y Name		ISTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2431235						
C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported S M T W T F S Month Day Yr Time				
D E		Crime I		Att At Found SMTWTFS Month Day Yr Time								O9 O1 2024 O3:07 Hrs. Last Known Secure SMTWTFS Month Day Yr Time								
N T	#1			, Discharging F	`irea	ırm		_	Com	Month 09	Da			ime 8:07 Hrs				7r —	Time $03:06$ Hrs	
D	#2	Crime I	ncident						_	Location			<u> </u>	.07	7 09	10)1 2		Offense Tract	
Α		~ · ·						_	Com				Iall I	Rd, Winst	on-sal				124	
T A	#3	Jrime I	ncident						Att Com	Premise 7	Гуре	e				- 1	Victim R ☐ Single		ce Type y □Multi Famil	
МО			d or Com									Forcible Yes No	Weapon / Tools							
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:				
* 7	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major															_				
V I		Victim/		Name (Last, First,			пту 🔲 Оппе	21/ U11	IKIIOW	" _	_	Victim of		B / Age	Race	<u> </u>			□N/A Resident Status	
C T	V1							Crime #		. 8			To Offe		☐ Resident					
I																		☐ Non-Residen		
M	Home Address DATA OMI									TTED						Home Phone				
	Employer Name/Address DATA C															Business Phone				
,	VYR	Color Lic/Lis Vin							Vin											
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number				
	п	The state of the s												TA OMITTED						
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ID	Office:		K M	ID (15921)	Officer Sig	Officer Signature Supervisor Sig $KORN, A.$														
ID			Signatur				Case Status	S				ase Dispos				(1)				
Status	-						☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared			Unfoun Cleared Cleared	ded by Aı by Aı	Test by Ander] Refuse other Ag	gency	cooperate	· _	Page 1	