I N	Agenc	y Name		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2433566								
C ·	ORI	NC			1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time							
D E			NC 034				A++ 1	At Found	d	Islm	l Tl W		09		19 20	7 Time 24 10:28 Hrs. SMTWIFS			
N T	#1		, Assault-non Agg	sault	Month Day Yr Time									Month Day Yr Time					
D.	#2		ncident		,			_	Att	Location			F 10	7.20	1 03		9 202	Offense Tract	
A	Com 600 Washington Av, Winston-salen																	412	
T A	#3	Jillie I	ncident						Att Com	Premise	туре	;				- 1		dence Type mily	
МО			d or Com		Forcible Yes						☐ Yes [Weapon / Tools							
	No No															/Alcohol Use:			
	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															Yes Unknown			
V I		Victim/		-			ity Othe	er/Ur	nknow	n _					Other		r 🔯		
C T	Crime # 37														Kace	Зел	To Offend	er 🛛 Resident	
I	,]		DA	ΓA OMITTED					1			B	F	1AQ,2	V ☐ Non-Resident				
М -	Home Address DATA OMIT									TTED						Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
	VYR	Color Lic/Lis Vir						Vin											
					<u> </u>														
О																			
T H																			
E	E																		
R S																			
	DATA OMITTED																		
I N																			
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O L																			
V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered for other	D = r jur	Damaged isdiction)	Z = Seized	B =	Burn	C = C	Coun	nterfeit / F	orged	F = Found	1				
	Victim # DCI Status Value OJ QTY							Pro	perty	Description	on				Mak	e/Mo	del	Serial Number	
- - P - R													I	DATA OMITTED					
																		FOR INFORMATION	
					\dashv													SECURITY	
0																		PURPOSES	
Р ⁻ Е -																			
R T																		ONLY THE FIRST ELVE PROPERTY	
Y ·					\dashv												1 **	ITEMS ARE	
-					\dashv													DISPLAYED ON	
-																		P2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nur	nher Vehi	cles Recovere	d	0										
_	Officer ID# Officer Signature Supervisor Signature																		
ID	ROCHELLE, M. D. (16060) Complainant Signature							Case Status Case Disposition:								ř. (14	4704)		
	Comp	iaiiialll	orgnatul	<u>-</u>	☐ Furthe	r Inv	estiga	tion] Unfound	ded	Loca	ited	. ~	□ E	xtradition Declined			
Status					ive /Clea					by Aı	rest by Ano	ther Ag	gency		Dogg 1				
							☐ Closed	/Lea	as Ex	nausted		⊐ Death o	τ Offe	nder 🗆	Prosec	cution	Declined	Page 1	