I N	Agenc	y Name		STON-SALEN	CIDENT/INVESTIGATION						OCA 2434755								
C .	ORI	NC					1	REPORT □ Att At Found						Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034											TI FI-SI	09	$0 \mid 28 \mid 2024 \mid 02.58 \text{ Hrs.}$			
N T	#1			, Assault-non Agg	ı —										Time				
D .	#2		ncident		,				\rightarrow	Location			. 1 02		1 09		.6 202-	Offense Tract	
A	Com 3333 Silas Creek Pw, Winston-so																	322	
T A	#3	Jillie 1	ncident				Com	Premise	Type					- 1	/ictim Residential Single Far	nily			
МО			d or Con											Forcible Yes	N/A	We	Weapon / Tools		
																41 1 177			
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Property Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																		
V	1		☐ Rel	igious 🔲 L.E. Off	ïcer I	Line of Du			know	. –			Uncon	scious	Other	Majo	r 🖂	No □N/A	
C		Victim/	Business	Name (Last, First,		Victim of Do			3 / Age 24	Race		Relationsh To Offende							
T I	V1		DA	ΓA OMITTED				1	1,		2,	W	$_{F}$	1ST	☐ Non-Resident				
М -	Home Address DATA OMIT																ne Phone	Unknown	
	Employer Name/Address DATA OMI'															Business Phone			
	VYR Make Model Style Color								Lic/Lis				1	Vin					
	V 110	141	икс	Woder	51,	y ic	Color		Lic	./ 1.13				V III					
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ied C = 0	Count	terfeit / F	orged	F = Found	1				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	del	Serial Number		
- - P - R													I	DATA OMITTED					
					+													FOR INFORMATION	
					\dashv													SECURITY	
0																		PURPOSES	
Р ⁻ Е -																			
R.					_													ONLY THE FIRST	
Т Ү					+												1 W I	ITEMS ARE	
-					\dashv													DISPLAYED ON	
-					+													P2C REPORTS	
-																			
			ehicles S			nber Vehic	cles Recovere		0					C	C:				
ID	Office:		. R. (15	ID 5928)	#		Officer Sig	Officer Signature							Supervisor Signature FLYNN, J. L. (15605)				
	Complainant Signature Case Stat									Case Disposition:									
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by Ar by Ar	Test Local rest by Ano	Refuse ther Ag	gency	ooperate	Page 1	