I N	Agenc	y Name		STON-SALEN	CIE	CIDENT/INVESTIGATION						OCA 2435120						
C .	ORI	NC			1		REPORT						Date / Time Reported SMIWIFS Month Day Yr Time					
D E	10		NC 034		│ │ Att │ At Found │ │ │ S M 五 W T F S								10   01   2024  00:07 Hrs.					
N T	#1			, Assault-non Agg	Month Day Yr Time								Month Day Yr Time					
D.	#2		ncident		,			Att Location of Incident Offense										Offense Tract
A	Com 301 Medical Center Bv, Winstor																	312
T A	#3	Jillie I	ncident					☐ Att   Premise Type ☐ Com						Victim Residence Type  ☐ Single Family ☐ Multi Family				
МО			d or Com MITTED								Forcible  Yes  No	Weapon / Tools						
	# of V	ictims	Type	□ Person	□ B	Business				Injury	′	] None	XM		Loss of	f Teet	th Drug/Al	cohol Use:
V	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow Internal Unconscious Other Major															_		
I	1	Victim/		Name (Last, First,			ity 🔟 Ouk	217 (31)	IKIIOW	<u>п</u>   <u>П</u>		ctim of		B / Age	Race	Sex	Relationship	Resident Status
C T	V1		DA	ΓΑ OMITTED				Cri	ime#		54			To Offender	☐ Resident ☐ Non-Resident			
I M ·								1	!,			W	F	10K	☐ Unknown			
	Home	Addre	SS		ΓΤΕD								Home Phone					
	Employer Name/Address DATA OMI								TTED					Business Phone				
	VYR	Color Lic/Lis Vi						Vin										
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 i	R = Recovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	C = C	Counte	erfeit / F	orged	F = Found	d			
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	del Se	rial Number
-													DA	TA OMITTED				
P - R					_												IN	FOR FORMATION
																		SECURITY
O P -																		PURPOSES
Р Е -					_												ON	I WELL FIDER
R T					-													LY THE FIRST VE PROPERTY
Y ·					$\dashv$													ITEMS ARE
-																	DI	SPLAYED ON
																	P	2C REPORTS
-	Numi	or of M	ahialaa C	tolon 0	N	hor Vak	alas Dasaver-	d	0									
	Office		ehicles S	tolen 0		iber venic	cles Recovere Officer Sig		e e				Ī	Supervisor	Signatu	ıre		
ID	SCHAEFER, B. S. (16050)								NELSON, S							M. (	15176)	
Status	Comp	ainant	Signatur	2	Inact	Case Disposition:   Further Investigation						ooperate	adition Declined					
										hausted				nder 🗆				Page 1