I N	Agenc	y Name		ISTON-SALEN	] IN	INCIDENT/INVESTIGATION							OCA 2436663						
I C	ORI	NC	NC 03/	10200		REPORT								Date / Time Reported SMTWTFS Month Day Yr Time					
D E	NC NC 0340200  Crime Incident(s)								☐ Att   At Found							10   12   2024   02:59 Hrs.   Last Known Secure   S M T W T F S   Month Day Yr   Time			
N T	#1			Aggravated A	_									n Day Yr Time					
D .	#2	Crime I	ncident					Att Location of Incident Offense									Offense Tract		
A T	Crime Incident																/ictim Reside	314	
A	#3	Jime I	nerdent					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family				
МО			d or Com MITTEL					Forcible Yes							Weapon / Tools				
	# of Victims   Type   None   No   No   None   No   None   None															cohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															s Unknown			
V I		Victim/		igious L.E. Off Name (Last, First,			ity 🔲 Othe	er/Un	know	n 🗆		al 🔲 tim of		scious  Age	Other		r ⊠ No Relationship	□N/A Resident Status	
C T	V1	. 10 11111				Crime #					DOL	23	Race		To Offender	Resident     Resident			
I	DATA OMITTED									1					W	M	1RU	☐ Non-Resident ☐ Unknown	
М -	Home Address DATA OMI									TTED						Home Phone			
	F1 N/A 11							A OMITTED							Business Phone				
•	VYR	M	Model	Color Lic/Lis Vin						Vin									
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = Le (Chec	ost S k "OJ"	= Stolen column i	R = Recovered f recovered for other	D = D	amaged diction)	Z = Seized	B =	Burn	ed $C = C$	Counter	feit / Fo	orged	F = Found	l				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	del Se	rial Number	
- - P - R									î î								DA	TA OMITTED	
																	IN	FOR FORMATION	
					-	-												SECURITY	
0																		PURPOSES	
Р <sup>-</sup> Е -																			
R																		LY THE FIRST	
Y					_													VE PROPERTY ITEMS ARE	
					+	-+												SPLAYED ON	
-					$\dashv$													2C REPORTS	
_																			
			ehicles S	tolen 0		ber Vehic	cles Recovere		0				,	Cuma	C:				
ID	Officer MEI		Officer Sig	Officer Signature Supervisor Signature WILKES, K. N. (15827)									15827)						
	Complainant Signature Case S								S Case Disposition:							_ P	adition Dasling 1		
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red			Cleared Cleared	by Ar by Ar	rest D	Refuse ther Ag	gency	ooperate	Page 1	