| I N | Agenc | y Name | | ISTON-SALEN | 1 P | OLICE | IN | CIDENT/INVESTIGATION | | | | | | OCA 2438363 | | | | | | |
|---|---|------------------|--------------------|-------------------------|--------------|------------------------------------|----------------------|--|-------|------------------|------|-------------------|---|------------------------|--|--------------|----------------------|----------------------|-----|--|
| I C | ORI | NC | NC 034 | 10200 | | | _ | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | | | ncident(s | | | Att At Found SMTWT | | | | | | TI⊒ISI | 10 | t Known Secure SMT WTF | | | | | | |
| N T | #1 | | ng Threats -intin | ation, No | on Physical | _ | Com | Time 4 10:43 Hr | | | | | | | | | | | | |
| D . | | | ncident | | | | | | Att | 10 Location | of I | Incident | |):44 Hrs | | | • | Offense Tract | _ | |
| A T | Crime Incident Com 930 N Patterson Av, Winston-sales | | | | | | | | | | | | | | | | 7101 Victim Resid | 411 | _ | |
| A | #3 | Jime 1 | neident | | | | | | Com | Tiennse | тур | C | | | | | | nily | ily | |
| МО | | | d or Con MITTEI | | | | | | • | | | | | Forcible Yes | X N/A | We | apon / Tool | S | | |
| | # of Victims Type No Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | ٦ | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | n | | | | |
| V I | | Victim/ | | Name (Last, First, | | | ity U Otne | er/Un | iknow | 'n \square | | ernal Victim of | | ascious B / Age | Race | | r X | | us | |
| C T | V1 DATA OMITTED Victim of BOB / Age Crime # 29 | | | | | | | | | | | | | | | | To Offendo | Resident | | |
| I M · | | | | IA OMITTED | | | | | | | | 1, | | | В | F | 1RU | ☐ Non-Resid☐ Unknown | em | |
| 141 | Home | Addre | ess | | | D | ATA OMI | ГТЕ | D | | | | | | Home Phone | | | | | |
| | Emplo | oyer Na | me/Add | ATA OMI | ΓA OMITTED | | | | | | | Business Phone | | | | _ | | | | |
| • | VYR | Color Lic/Lis Vi | | | | | | Vin | a | | | | | | | | | | | |
| 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 | R = Recovered for other | D = r jur | Damaged isdiction) | Z = Seized | B = | Burn | C = 0 | Cou | nterfeit / F | orged | F = Found | 1 | | | | П | |
| | Victim # DCI Status Value OJ QT | | | | | QTY | Property Description | | | | | | | | Mak | e/Mo | del | Serial Number | | |
| | | | | | | | | | | | | | I | OATA OMITTED | , | | | | | |
| - P - R | | | | | | | | | | | | | | | | | | FOR INFORMATION | _ | |
| | | | | | _ | | | | | | | | | | | | | SECURITY | - | |
| O P - | | | | | | | | | | | | | | | | | | PURPOSES | | |
| Р Е - | | | | | | | | | | | | | | | | | | NIL WITHE PID O | _ | |
| R T | | | | | \dashv | | | | | | | | | | | | | ONLY THE FIRST | — | |
| Y | | | | | \dashv | | | | | | | | | | | | 1 111 | ITEMS ARE | - | |
| - | | | | | | | | | | | | | | | | | | DISPLAYED ON | 1 | |
| | | | | | | | | | | | | | | | | | | P2C REPORTS | | |
| - | Num1 | or of V | ahiolos C | tolen 0 | N··· | nhar Vak: | olas Pasaviari | d | 0 | | | | | | | | | | _ | |
| | Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | \dashv | | | | | |
| ID | ANL | <i>DERS</i> (| | R. (15633) | | | | | I ~ | ъ. | .,. | | | | . (15802) | | _ | | | |
| Status | Comp | iainant | Signatur | e | | Further Investigation Unfounded DL | | | | | | Loca | ocated Extradition Declined Refuse to Cooperate | | | | | | | |
| | | | | | | | Closed | ☐ Closed/Cleared ☐ Cleared by Arrest b | | | | | | rrest by Ano | st by Another Agency Prosecution Declined Page 1 | | | | | |