| I N | Agenc | | STON-SALEN | CIDENT/INVESTIGATION | | | | | | OCA 2438922 | | | | | | | | | | |
|--|---|-------------|--------------------|-------------------------|---------------|------------------------------------|--|-------------|----------------------|-------------|---------------|----------------|---|----------------------------|--------|---|----------------------------|-------------------------------|--|--|
| I C | ORI | NC | | | | 1 | REPORT | | | | | | Date / Time Reported SMIWTFS Month Day Yr Time | | | | | | | |
| D E | 10 | | NC 034 | | | | │ Att │ At Found │ S M 五 W 丁 F S │ │ Month Day Yr Time | | | | | | | | 10 | 10 29 2024 11:43 Hrs. Last Known Secure | | | | |
| N T | #1 | | | , Assault-non Agg | erav | vated Ass | sault | ı — | Com | Mont | | | | lime 1:43 Hrs | | | | Time 11:42 Hrs. | | |
| D. | #2 | | ncident | | , | | | | Att | 10 | tion o | of Incident | + 11 | 1.43 1110 | 10 | | .9 2024 | Offense Tract | | |
| A | | 7 T | : 1 4 | | | | | _ | Com | | | Liberty S | t, Wi | nston-sale | em NC | | | 223 | | |
| T A | #3 | Jillie 1 | ncident | | | | | | Att Com | Prem | ise i | уре | | | | - 1 | Victim Resid Single Fan | ence Type nily | | |
| МО | | | d or Con | | | | | | | | | | | Forcible Yes | N/A | We | apon / Tools | | | |
| | □ No | | | | | | | | | | | | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Yes Unknown | | | | | | | | | | | | | | | | | | | |
| V | 1 | | ☐ Rel | igious 🔲 L.E. Off | ficer | Line of D | | | nknov | vn | _ | Internal | | | Other | Majo | r 🖂 N | o □N/A | | |
| C C | | Victim/ | Business | Name (Last, First, | | | | | Victim of Crime # | DOI | B / Age 44 | Race | Sex | Relationship To Offende | | | | | | |
| T I | V1 | DA | ΓA OMITTED | | | | | 1, | | , , | W | $_{F}$ | 1RU | ☐ Non-Residen | | | | | | |
| М - | Home | SS | | | | | | | | '' | | ne Phone | Unknown | | | | | | | |
| | Employer Name/Address DATA OMI' | | | | | | | | | | | | | | | Business Phone | | | | |
| | DATA OMI | | | | | | | | | | | | | | | | Business I none | | | |
| | VYR | M | аке | Model | St | tyle | Color | | Lı | c/Lis | | | | Vin | | | | | | |
| 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 for other | D = er jur | Damaged isdiction) | Z = Seized | B = | = Buri | ned C | : = C | ounterfeit / F | Forged | F = Found | d | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | Mak | e/Mo | del S | Serial Number | | | |
| - - P - R | | | | | | | | | | | | | D | ATA OMITTED | | | | | | |
| | | | | | | | | | | | | | | | | | I | FOR NFORMATION | | |
| | | | | | | | | | | | | | | | | | | SECURITY | | |
| O P - | | | | | | | | | | | | | | | | | | PURPOSES | | |
| E - | | | | | | | | | | | | | | | | | | NI V THE EIDOT | | |
| R T | | | | | | | | | | | | | | | | | | NLY THE FIRST LVE PROPERTY | | |
| Y - | | | | | | | | | | | | | | | | | 1 112 | ITEMS ARE | | |
| - | | | | | | | | | | | | | | | | | I | DISPLAYED ON | | |
| | | | | | | | | | | | | | | | | | | P2C REPORTS | | |
| - | NI1 | on c £ \$ 7 | ahiat C | tolon 0 | NT | mhou V-1 ' | alas Ds | a | 0 | | | | | | | | | | | |
| | Office | r | ehicles S | ID | | inder vehi | cles Recovere Officer Sig | | o re | | | | 1 | Supervisor | Signat | ıre | | | | |
| ID | ROBERTSON, B. W. (16352) | | | | | | | | NAVY, | | | | | | | | C. M. (15037) | | | |
| Status | Compl | iainant | Signatur | e | | Case Statu Further Inact Closed | r Inv | | ntion | | Case Dispos | ded by A | Locarrest | Refuse | e to C | ooperate | tradition Declined | | | |
| | | | | | | | Closed | | | hanete | 4 | | | ender \Box | | | | Page 1 | | |