| I N | Agenc | y Name | | VSTON-SALEN | OLICE |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2438943 | | | | | | |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------|-------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------|------------------------------------|----------|------------|-----------------------------|-----------------------|----------------------------------------------------|-----------------------|--------------|----------------------------|--------------------|--|--|
| C | ORI | NC | | | 02102 | REPORT | | | | | | | | Date / Time Reported SM W TFS Month Day Yr Time | | | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | │ ☐ Att │ At Found │ S M 크 W T F S | | | | | | | | 10 29 2024 13:57 Hrs. | | | |
| N T | #1 | | | Missing Pe | ı — | ☐ Att At Found SM = W T F S Last Known Secure SM = W T Month Day Yr Time Last Known Secure Month Day Yr Time Time 10 29 2024 13:56 | | | | | | | | | | | | | | |
| D | #2 | Crime I | ncident | | | | | | | Location | n of | Incident | | | | | | Offense Tract | | |
| A T | Crime Incident Com 711 W Twenty-sixth St, Winston-sate | | | | | | | | | | | | | | | | Victim Resid | 112 lence Type | | |
| A | #3 | | | | | | | | Com | | <i>J</i> 1 | | | | | - 1 | | nily □Multi Family | | |
| МО | | | d or Com MITTED | | | | | | | | | | | Forcible Yes | X N/A | We | apon / Tool | S | | |
| V | # of Victims Type None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | | | |
| | 1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No NA | | | | | | | | | | | | | | | _ | | | | |
| V I | Victim/Business Name (Last, First, Middle) Victim of DO | | | | | | | | | | | | | | Race | | Relationsh | p Resident Status | | |
| C T | V1 | | DA | ΓΑ OMITTED | | | | | Crime # | | 39 | | | To Offende | Resident Non-Resident | | | | | |
| I M | | | | | | | | | 1, | | | В | M | | Unknown | | | | | |
| | Home Address DATA OMI | | | | | | | | | TTED | | | | | | Home Phone | | | | |
| | Employer Name/Address DATA ON | | | | | | | | ITTED | | | | | Busi | | | siness Phone | | | |
| , | VYR | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | | | | |
| 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 = l r juri | Damaged isdiction) | Z = Seized | B = | Burn | ed C= | Cot | ınterfeit / F | orged | F = Found | i | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | ce/Mo | del | Serial Number | | |
| - - P - R - | | | | | | | | | | | | | I | DATA OMITTED | | | | | | |
| | | | | | \dashv | | | | | | | | | | | | | FOR INFORMATION | | |
| | | | | | | | | | | | | | | | | | | SECURITY | | |
| O P | | | | | | | | | | | | | | | | | | PURPOSES | | |
| E · | | | | | \dashv | | | | | | | | | | | | (| ONLY THE FIRST | | |
| R T Y | | | | | _ | | | | | | | | | | | | | ELVE PROPERTY | | |
| | | | | | _ | | | | | | | | | | | | | ITEMS ARE | | |
| | | | | | | | | | | | | | | | | | | DISPLAYED ON | | |
| | | | | | \dashv | | | | | | | | | | | | | P2C REPORTS | | |
| - | Numh | er of V | ehicles S | tolen 0 | Nun | nber Vehi | cles Recovere | d | 0 | | | | | | | | | | | |
| | Office | r | | ID | | | Officer Sig | | _ | | | | | Supervisor | Signat | ure | A (15167 | 1 | | |
| ID | | | SKI, M. Signatur | A. (16127) | | Case Status | | | | | | | MATTI | MATTISŎN, G. M. (15167) | | | | | | |
| Status | p | | G | | | | ☐ Further ☐ Inact ☐ Closed | r Inve ive /Clea | ared | | | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded by Ai by Ai | Locarrest rest by Ano | Refuse ther Ag | gency | ooperate | Page 1 | | |