I	Agency Name INCIDENT/INVESTIGATION OCA 2/3053/													1				
N	8	,		NSTON-SALE	OLICE	REPORT							2439534					
C	ORI			40200			1			KEP)K I		Ī	Date / Mont	Time	Reported S		
D			NC 034										11 02 2024 23:02 Hrs.					
E N	#1		ncident(s				_		" I м	At Found onth	Day Yr	1 T	TFS ime	Last I Mont	Knowr h Da	n Secure	MTWTF£	
T			ncident	Assault-non Ag	grav	vated Ass	sault	□ X C	_		02 2024 of Incident	1 23	8:02 Hrs	11	02		23:01 Hrs. Offense Tract	
D	#2	Jillie I	ncident								orizon Ln	Ant	6 Winsto	n-sale	m No		223	
A T	#3	Crime I	ncident						_	remise T		11pv.	<u> </u>	Tr Stire		ictim Reside		
A	#3							Com						☐ Single Family ☐ Multi Family				
MO			d or Con						-				Forcible	W NI/A	Wea	pon / Tools		
WIO	DATA OMITTED See No.																	
V I	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use																	
	1			ciety 🔲 Governm ligious 🔲 L.E. Of		_	inancial Institu		own	. –	Broken Bone		Severe	Lacerat Other		. –	s Unknown	
		Victim/		Name (Last, First,			ity 🔲 Ouic	JI/ CIIKI	IOWII	<u> </u> 1	nternal		B / Age	Race	<u> </u>		□N/A Resident Status	
C T	Crime # 38															To Offender		
I	·]		DA	ΓA OMITTED			1,			$\mid B \mid$	M	1RU	☐ Non-Resident ☐ Unknown					
M	Home	Addre	SS				ATA OMITTED							Home Phone				
	E1	NT-					ATA OMITTED											
	Emple	Jyer Na	me/Add	iess		D.	ATA OMITTED							Business Phone				
,	VYR	M	ake	Model	St	tyle	Color		Lic/L	is			Vin					
O T																		
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Status	L = L	ost S	= Stolen	R = Recovered	D =	Damaged	Z = Seized	B = B	urned	C = Cc	ounterfeit / F	orged	F = Found	<u> </u>				
Codes	(Chec	k "OJ"		if recovered for oth														
- - P - R	Victim #							Property Description				Mak	e/Mod		rial Number			
															DATA OMITTED			
																IN	FOR FORMATION	
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ο.																	PURPOSES	
P :																		
R																	ILY THE FIRST	
T Y																	VE PROPERTY	
																	ITEMS ARE ISPLAYED ON	
																	2C REPORTS	
		12C KEI OKTS																
			ehicles S			mber Vehic	cles Recovered						-	G:				
ID	Office SHC		KER, T	T. G. (16282))#		Officer Sign	Officer Signature Supervisor Signature JACOBS, T. R. (15814)										
_			Signatur				Case Status Case Disposition:							,				
Status							☐ Further 【X Inact		igatio	n	☐ Unfoun☐ Cleared		rest Loca	ated Refuse	to Co	Extrooperate	adition Declined	
Janus							Closed							Page 1				