I N	Agenc	y Name		STON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2441644					
I C	ORI	NC	NC 02	10200			REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034			Att At Found SMTWTFS Month Day Yr Time								In I last Known Secure SMTWTFS Last Known Secure SMTWTFS Month Day Yr Time					
N T	#1	Jimic I	ieraem(s	, Disorderly Co	ondu	ct		_	Com	Month 11	D			ime 1:47 Hrs					.me
D.	#2	Crime I	ncident						_	Location			† 15	.4/	7 11		0 202		ense Tract
A		7 T	: 1 4						Com				ourth	St, Winst	on-sa				223
T A	#3	Jillie 1	ncident						Com	Premise	туĻ	ЭС					Victim Res Single Fa		1 ype Multi Famil
МО			d or Com										Forcible Yes	X N/A	We	apon / Too	ls		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use															ol Use:			
V I		Viotim/		-			ity 🔲 Othe	er/Un	know	n 🗆	_				Other	er Major No N/A Sex Relationship Resident Status			
Ċ	. 71													3 / Age	Race	Sex	To Offeno	ler 🗀	Resident
T I	V 1		DA	ΓA OMITTED	1,										Non-Resider Unknown				
М -	Home Address DATA OMI									TTED						Home Phone			
	Employer Name/Address DATA ON															Business Phone			
	VYR	M	Color Lic/Lis Vin						Vin										
O T H E R S I N V O L V E D							DATA												
Status Codes																			
	Victim # DCI Status Value OJ Q						Property Description								Mak	e/Mo	del	Serial	Number
- - P - R															OMITTED				
																			FOR RMATION
					+														CURITY
0																		PUl	RPOSES
Р ⁻ Е -																			
R T Y																			THE FIRST
					_												1 W		PROPERTY EMS ARE
-					+														AYED ON
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	Numb		ehicles S	tolen 0		ber Vehic	cles Recovere		0				-	Superviser	Signat	ıre			
ID	REU									or Signature LINS, B. H. (15079)									
	Comp	lainant	Signatur	e			Case Status		etico	tion		ase Dispos ☐ Unfoun			ated			Tytro die	ion Declined
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ıred			☐ Cleared	by Ail by Ai	Loc rest rest by And	Refuse other Ag	gency	ooperate		Page 1