I N	Agenc	y Name		ICTON CALE		OLICE	INCIDENT/INVESTIGATION							OCA 2442169					
N C	ORI		VV II	NSTON-SALE	OLICE	REPORT							Date / Time Reported S M T W T F S Month Day Yr Time						
I D			NC 034			** Contains Restricted Names **							11 22 2024 12:35 Hrs.						
E N	#1	Crime I	ncident(s				☐ Att At Found SMTWTES Month Day Yr Time												
Τ.		Crime I	ncident	Discharging I	rire	arm		\square Com $\begin{array}{ c c c c c c c c c c c c c c c c c c c$						rs 11 22 2024 12:34 Hrs. Offense Tract					
D A	#2										udwig St,	Winsi	on-salen	ı NC 2	710	7		213	ruct
T A	#3	Crime I	ncident				☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family					
	How A	Attacke	d or Con	nmitted				ПС	om				Forcible			apon / To		/ LIMui	ti Family
MO																			
V I	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol U.															se:			
	1		_	ciety Governm		_	inancial Instit		aowa	. –	Broken Bone		Severe	Lacera Other			_	□ Uı	
	Τ,	Victim/		Name (Last, First,			пу 🔲 Опи	ZI/ CIIKI	ilowii	<u> </u>	nternal Victim of		Age	Race	Sex	Relation			nt Status
C T	V1 DATA OMITTED															To Offer		□ Resi	ident -Resident
I M ·										1,							Unk		
	Home	e Addre	ess			D.	ATA OMITTED							Home Phone					
•	Empl	oyer Na	me/Add	ress		D.	ATA OMITTED							Business Phone					
	VYR	M	ake	Model	St	tyle	Color Lic/Lis Vin						Vin						
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"		R = Recovered if recovered for oth			Z = Seized	B = B	urned	. C = C	ounterfeit / F	orged	F = Foun	ıd					
- P - R _	Victim #	DCI	Status	Value	Value OJ QTY			Property Description						Mak	Make/Model Serial Number				
		 												DA	FOR				
																	INI	FORMA	
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O P -]	PURPO	SES
E -																	ONI	Y THE	FIRST
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	Office	r		II			Officer Sig						Supervisor	Signati	ire	0.27)			
ID			C. C. (. Signatur				Case Status Case Disposition:							Y, C. M. (15037)					
Status	comp		~- . 5	-			☐ Further ☐ Closed ☐ Closed	r Invest tive /Cleare	ed	n	Unfoun Cleared Cleared Death o	ded by Ar by Ar	rest by And] Refuse other Ag	gency	ooperate Decline	_	dition I	Declined e 1