I N	Agency	/ Name	WIN	INCIDENT/INVESTIGATION REPORT								OCA 2442263							
C I D	ORI	NC I	NC 034	10200					KE	:PC)K I			Date / Mon		Date V	$S M T W T \mathbb{F} S$ Time $A = 22:2I$ Hrs.		
E N	#1 C	rime Ir	cident(s)	☐ Att							T ₹ S	Last Known Secure SMTWTFS Month Day Yr Time							
T				Drug Viola			Com	11		22 2024		2:21 Hrs			2 2024	22:20 Hrs.			
D A	#2 Crime Incident Driving While Impaired											f Incident <i>/peters C</i>	reek	Pw. Wins	ton-sa	ılem l	1	Offense Tract 111	
T A	#3 Crime Incident Driving While License Revoked/suspended-									Premi		•				V	ictim Reside	nce Type ly ∏Multi Family	
МО		ttacked	d or Com	mitted		ices, suspe		[X] (Forcible Yes	N/A		pon / Tools	- ,	
	# of V				_	D .				l In	jury	☐ None		☐ No		6 T 6	1. Drug/A	lcohol Use:	
	# 01 V	icums	X Soc	☐ Person	ent	_	inancial Instit	titute Broken Bones Seve						☐ Severe	re Lacerations Yes Unknown				
V I		/ictim/		igious L.E. Of Name (Last, First,			ity Othe	er/Unl	know	n	☐ Iı	victim of					Relationship		
C	V1	/ ICTIII/			uie)		Victim of Crime # DOB / Age					o / Age	Race	sex	To Offender	Resident			
T I	V 1		DAT	TA OMITTED							1,2,3						☐ Non-Resident ☐ Unknown		
M	Home Address DATA ON								ITTED							Home Phone			
	Employer Name/Address DATA OM														Business Phone				
	VYR	Color Lic/Lis Vin						Vin											
E R S I N V O L V E D		DATA OMITTED																	
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)																		
Coucs	Victim		Promouty Decoription								2.5		. 137 1						
P - R - O -	# DCI Status Value OJ QTY						Property Description							+	Mak	ce/Moo		erial Number ATA OMITTED	
																		FOR	
																	IN	FORMATION	
																		SECURITY	
														+				PURPOSES	
Е.				+													ON	ILY THE FIRST	
R T Y																		VE PROPERTY	
																		ITEMS ARE	
																		ISPLAYED ON	
																	F	2C REPORTS	
	N7 .		1:1 ~	. 1	3.7	1 77.1.	1 B	1	0										
	Number Officer		ehicles S	tolen 0		mber Vehi	Cles Recovere		<i>0</i>					Supervisor	Signati	ure			
ID	SAIN	<u>ITSIN</u>	G, M. I	Officer sig	Officer Signature Supervisor Signature WRAY, J. R. (15174)														
	Compl	ainant	· ————	Case Status		ati-		1	Case Dispos			oto d			rodition Death				
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	red				by A	rrest by And	Refuse other Ag	gency	ooperate	Page 1	