I N	Agenc	y Name		STON-SALEN	1 P	OLICE	IN	CIDENT/INVESTIGATION REPORT						OCA 2442919					
C ·	ORI	NG				02102								Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034												11 28 2024 03:23 Hrs. Last Known Secure SMTWIFS Month Day Yr Time				
N T	#1			, Assault-non Agg	rav	vated Ass	sault	_	Com	Month				ime 3:23 Hrs				Time $03:22$ Hrs.	
D .	#2		ncident	1554111 11011 1188	,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	Att	Location			<i>F</i> <i>US</i>	0.23 1113	11			Offense Tract	
A	Com 6 W Twenty-eighth St, Winston-sal																	121	
T A	#3	rime i	ncident						Att Com	Premise	1 ype	;				- 1	Victim Reside Single Fam	nce Type ily ∏Multi Family	
МО			d or Com											Forcible Yes	X N/A	We	apon / Tools		
																lcohol Use:			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V	$\frac{I}{I}$	Listins/		igious L.E. Off			ity 🔲 Othe	er/Ur	nknow	/n				nscious	Other	Majo			
C T	Victim/Business Name (Last, First, Middle) V1												Victim of Crime # DOB / Age 31				Relationship To Offender	☐ Resident	
I	* 1		DA	ΓA OMITTED					1,			$\mid w \mid$	M	1AQ	Non-Resident ☐ Unknown				
М -	Home Address DATA OMIT									 fted						Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
	VYR	Color Lic/Lis Vin						Vin											
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V E																			
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Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered for other	D = i r jur	Damaged isdiction)	Z = Seized	B =	Burn	C = C	Coun	iterfeit / F	orged	F = Found	d				
	Victim # DCI Status Value OJ QTY							Pro	perty	Description	on				Mak	e/Mo	del S	erial Number	
- - P -													DA	ATA OMITTED					
																	IN	FOR NFORMATION	
					_												- 11	SECURITY	
R O																		PURPOSES	
Р ⁻ Е -																			
R																		NLY THE FIRST	
Т Ү -																	TWEI	ITEMS ARE	
-					\dashv												D	ISPLAYED ON	
-																		P2C REPORTS	
-																			
	Numb		ehicles S			nber Vehi	cles Recovere Officer Sig		0 re				ī	Supervisor	Signati	ıre			
ID	TURCIOS, G. A. (16359)								10					CHUE,	or Signature E, V. N. (15139)				
	Complainant Signature Case State									Case Disposition:							□ Evt	radition Declined	
Status					Inact	tive		u011	ΙĒ	Cleared	by Aı	rest	Refuse	e to C	ooperate	radition Decilied			
						Closed/Cleared Cleared by Arrest by An									Page 1				