I N	Agenc	y Name		NSTON-SALE	1 P	OLICE	IN	INCIDENT/INVESTIGATION REPORT							OCA 2443205					
C	ORI	NC	NC 034	10200]			KEP	JKI			Date / Mon	Time th	Reporte Day	d S Yr		WTF£ me	
D E	10							_ A	I	At Found	LsL	d Tlw	T F S	11	Know			21: M T	me 41 Hrs. WTFs	
N	#1	Crime Incident(s) Simple Assault-non Aggravated Assault								Month	Day Yr	Т	'ime			n Secure	r 🗀	Time	:	
T	Chima Incident													11	3	80 20		21:1. Offense	5 Hrs Tract	
D A	#2									2000 G	riffith Rd,	Wins	ston-saler	n NC	2710)3		322		
T	#3 Crime Incident														Victim Residence Type					
A	☐ Com															☐ Single Family ☐ Multi Family				
MO	How Attacked or Committed DATA OMITTED Forcible Yes X N/A															Weapon / Tools				
V																				
	# of V	ictims	Туре	N Person	_	Business				Injury	None	\square M		Loss o			-			
	1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major																			
I		Victim/		Name (Last, First,						,	Victim of		3 / Age	•	e Sex Relationship Resident Status					
C T	V1		DA'	ΓΑ OMITTED							Crime #		36			To Offe	nder		esident	
I			DA	IA OMITTED							1,			$\mid B \mid$	M	1ST		_	n-Residen iknown	
M	Home	Addre	SS			D	ATA OMI	LLED	,						Home Phone					
	Emple	over Na	me/Add	ress											Business Phone					
		syci ita	inc/rrad	ress		D.	ATA OMIT	ίΤΕD 						Business I none						
·	VYR Make Model Style						Color		Lic/	Lis			Vin							
O T H E R S I N V O L V E D	DATA OMITTED																			
Status																				
Codes	(Chec Victim		column	if recovered for other	er jur	risdiction)														
P - R - O	# DCI Status Value					QTY		Property Description					Make/Model Serial Numb DATA OMI'							
															DA	FO				
					\dashv												INI		ATION	
																	- :	SECUI	RITY	
]	PURPO	OSES	
Р [.] Е .																				
R																	ONI	LY TH	IE FIRST	
T Y																T			OPERTY	
																		ITEMS		
																			YED ON	
																	P2	C KEI	PORTS	
-	Numb	er of V	ehicles S	Stolen 0	Nııı	mber Vebi	cles Recovere	d 0	,											
	Office	r		ID		oci v cillo	Officer Sig					T	Supervisor	Signati	ıre					
ID	LIT	TLE, J	. R. (15	5928)				WELI							S, S. S. (15941)					
	Comp	lainant	Signatur	e			Case Status							cated						
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Cleare	ed		Cleared	l by Ai l by Ai	rest by And	Refuse other Ag	gency	ooperate	_		ge 1	