| I N | Agenc | y Name | | VSTON-SALEN |] IN | ICIDENT/INVESTIGATION | | | | | | OCA 2444177 | | | | | | | | |
|---|---|-----------------|--------------------|--------------------------------------|---|-----------------------|----------------------------|------------------------|------------|--|--|------------------------------------|-----------------------|------------------|-------------------|--|------------|--------------------------------------|--|--|
| C | ORI | NG | | | REPORT | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | | ☐ Att At Found S M T W T F S Month Day Yr Time | | | | | | 12 09 2024 02:41 Hrs. Last Known Secure SMT WTFS Month Day Yr Time | | | | |
| N T | #1 | | | , Assault-non Agg | rav | ated Ass | sault | ı — | Com | Month 12 | Da | | | ime 2:41 Hrs | | | | Time $4 \mid 02:40 \mid \text{Hrs}.$ | | |
| D D | #2 | | ncident | 15541111 11011 1188 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | _ | Location | | | <i>F</i> <i>U</i> 2 | 41 1115 | 12 | | 19 2022 | Offense Tract | | |
| A | Com 740 Ferrell Ct Apt. 13, Winston-sale | | | | | | | | | | | | | | | | | 221 | | |
| T A | #3 | rime i | ncident | | | | | | Att Com | Premise | Туре | e | | | | - 1 | | dence Type nily | | |
| МО | | | d or Con MITTEI | | | · | | | | | Forcible Yes No | X N/A | We | apon / Tool | s | | | | | |
| | # of V | ictims | Type | ▼ Person | _ | Business | | | | Injury | | None | | linor | Loss o | f Tee | | Alcohol Use: | | |
| V | 2 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major No NA | | | | | | | | | | | | | | | Yes Unknown | | | | |
| I | | Victim/ | | Name (Last, First, | | | , = | | | <u> I П</u> | T | Victim of | | 3 / Age | Race | | Relationsh | ip Resident Status | | |
| C T | V1 | | DA | ΓΑ OMITTED | | | | | Crime # | | 34 | | | To Offende | □ Non-Residen | | | | | |
| I M | | 4 1 1 | | | | | | | 1, | | | В | M | $\frac{1AQ,2}{}$ | Unknown | | | | | |
| | Home Address DATA OMIT | | | | | | | | | ГТЕD | | | | | | Home Phone | | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | TTED | | | | | | | | Business Phone | | |
| , | VYR | M | ake | Model | St | yle | Color | | Lic | c/Lis | | | | Vin | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered f recovered for other | D = l er juri | Damaged isdiction) | Z = Seized | B = | Burn | C = 0 | Cour | nterfeit / F | orged | F = Found | i | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | ce/Mo | del | Serial Number | | |
| - - P - R | | | | | | | | | | | | | I | DATA OMITTED | | | | | | |
| | | | | | \dashv | | | | | | | | | | | | | FOR INFORMATION | | |
| | | | | | \dashv | | | | | | | | | | | | | SECURITY | | |
| O P - | | | | | | | | | | | | | | | | | | PURPOSES | | |
| E · | | | | | _ | | | | | | | | | | | | | NIL V THE EID CT | | |
| R T | | | | | - | | | | | | | | | | | | | ONLY THE FIRST ELVE PROPERTY | | |
| Y · | | | | | _ | | | | | | | | | | | | 1 111 | ITEMS ARE | | |
| | | | | | | | | | | | | | | | | | | DISPLAYED ON | | |
| | | | | | _ | | | | | | | | | | | | | P2C REPORTS | | |
| - | Numb | er of V | ehicles S | tolen 0 | Nun | nber Vebi | cles Recovere | d | 0 | | | | | | | | | | | |
| | Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | | | | | | |
| ID | GRABS, D. M. (16310) Complainant Signature Case Stat | | | | | | | | | <u> </u> | | | | | | OKE, B. K. (15602) | | | | |
| Status | Comp | | ~15matuI | - | | | ☐ Further ☐ Inact ☐ Closed | r Inve ive /Clea | ared | | | ☐ Unfoun ☐ Cleared ☐ Cleared | ded by Aı by Aı | Loca | Refuse ther Ag | gency | ooperate | xtradition Declined | | |