I N	Agenc	y Name		NSTON-SALE	. IN	CIE	CIDENT/INVESTIGATION						OCA 2444301						
C I	ORI	NC					1		REPORT						Date / Time Reported SMIWTFS Month Day Yr Time				
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D	#2	Crime I	ncident			-6 · · · · · · · · · · · · · · · · · · ·			Att	Location			+ 01	.12	12		10 202	Offense Tra	
A		7 T	ncident					_	Com				Win	ston-saler	n NC			323	
T A	#3	Jillie I	ncident			☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family						
МО			d or Con MITTEI			•					Forcible Yes No	X N/A	We	apon / Too	ls				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major															nown			
I		Victim/		Name (Last, First,			uty 🔟 Out	71/01	IKIIOW	<u>п</u> <u>П</u>		Victim of		3 / Age	Race	<u> </u>	Relationsl	ip Resident S	
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Home Address DATA OMITTED											ED					Home Phone			
	Emplo	Employer Name/Address DATA (MITTED						Business Phone			
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ID	Office: HIN	. J. (16	Officer Sig								or Signature NN, J. L. (15605)								
11/			Signatur			S	Case Disposition:												
Status						☐ Further		Investigation Unfounded Located Extradition								Extradition Dec	clined		
Juius					/Clea	Cleared by Arrest by Another Agency							•	Page 1	1				