| I N | Agenc | y Name | | NSTON-SALE. | — М Р | OLICE | E IN | NCIDENT/INVESTIGATION | | | | | | OCA 2445455 | | | | |
|-----------------|--|---------------------------|--------------|--------------------------------------|----------|-------------|-------------------------|--|---------------|---|---------------------------|-------|---|-----------------|-----------------------|-----------------|--------------------------|--|
| C | ORI | | | | | 1 | REPORT | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D | | | NC 034 | | | | | | | | | | | 12 | | 18 2024 | | |
| E N | #1 | | ncident(s | | | | | | - 1 | At Found Month | Day Yr | ¶ | T F S | Last | Know h I | n Secure Say Yr | MT₩TFS Time | |
| T | | | | Assault-non Ag | grav | ated As | ssault | | \rightarrow | 12 | 18 2024 | | 1:47 Hrs | | | 8 2024 | 21:46 Hrs. | |
| D | #2 | Crime I | ncident | Lama amu Ali | 1 041 | | of Incident | C4 II | Vianton an | . I | IC 2 | I . | Offense Tract 222 | | | | | |
| A T | | Crime I | ncident | Larceny- All | Oin | er | | | _ | 1064 E Fifteenth St, Winston-s Premise Type | | | | iem i | Victim Residence Type | | | |
| A | #3 | | | ıthorized Use (| Of Co | onveyan | ice | | | | J F - | | | | - 1 | | y □Multi Family | |
| МО | | | d or Con | | | | | Forcible Yes | | | Weapon / Tools | | | | | | | |
| MO | DATA OMITTED See Market No. | | | | | | | | | | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | |
| V | 1 | | | ciety 🔲 Governm ligious 🔲 L.E. Of | | | Financial Instit | | knowi | . – | Broken Bone Internal 🔲 | | Severe | Lacera Other | | . – | S Unknown | |
| I | | Victim/ | | Name (Last, First, | | | out, out | C17 C111 | ALIO W | · 📙 | Victim of | | B / Age | Race | | Relationship | □N/A Resident Status | |
| C T | Crime # 34 | | | | | | | | | | | | | | | To Offender | Resident N P 1 | |
| I | | | DA | ΓA OMITTED | | | | | | | 1,2,3 | | | $\mid B \mid$ | F | 1BG | ☐ Non-Resident ☐ Unknown | |
| M | Home Address DATA OMIT | | | | | | | | | rten | | | | | Home Phone | | | |
| | E1 N/A JJ | | | | | | | | | | | | | | Business Phone | | | |
| | DATA OMI | | | | | | | | | ГТЕD | | | | | Business Phone | | | |
| · | VYR Make Model Style Color 2001 HOND CR-V LX SUV SIL | | | | | | | | Lic/Lis | | | | | LRD28481S002053 | | | | |
| | 200 | 1 12 | 101112 | CR V E21 | | <u> </u> | SIL | | | 12107 10 | , 110 | | 311121 | ID201 | 015 | 002033 | | |
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| Status | s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found | | | | | | | | | | | | | | | | | |
| Codes | (Chec Victim | | column | if recovered for oth | er jur | risdiction) |) | | | | | | | | | | | |
| | # | # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | e/Mo | | rial Number | |
| P - R - O | 1 | 1 23 7,5 1 IPHONE 12 | | | | | | | | | PHON | | DA | TA OMITTED | | | | |
| | 1 | 23 77 | <i>5 7,5</i> | | | | IPHONE 12 HOUSE & CA | | | | | | | PHON | E/12 | IN | FOR FORMATION | |
| | 1 | 77 | 5 | | | | | USE & CAR KEYS | | | | | | | | | SECURITY | |
| | 1 | SUV | 7,5 | | | | | | | | | | | | Cr-v I | | PURPOSES | |
| P : | 1 | SUV | 5 | | | 1 | 2001 SIL , | | | | | | | | Cr-v I | Lx | | |
| R | | | | | | | | | | | | | | | | | LY THE FIRST | |
| Т Ү. | | | | | | | | | | | | | | | | | VE PROPERTY ITEMS ARE | |
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| | | | ehicles S | | | mber Veh | icles Recovere | | 1 | | | | | | | | | |
| ID | Office: HIN | | K. (16 | | Э# | | Officer Sig | ignature Supervisor Signature STUMP, J. K. (14922) | | | | | | | | | | |
| | | | Signatur | | | | Case Statu | | | | Case Dispos | | | | , , , , | | | |
| Status | | | | | | | ☐ Further | | stigat | ion | ☐ Unfoun ☐ Cleared | | rrest D | ated Refuse | e to C | Extr | adition Declined | |
| Status | | | | | | | Closed | l/Clear | | austed | Cleared | by Aı | rrest by Ano | ther Ag | gency | | Page 1 | |