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|----------------------------------------------------------|------------------------------------------------|---------------------------|--------------------|-----------------------------|------|-----------|-------------------------------------------|----------------------|---------|-------|----------------------|-----------------|-------------|---------------------------------------------------------|-----------------------------------------------------------|------------|-------------------------------|--|--|
| I N | Agenc | y Name | | NSTON-SALE | M P | POLICE | INCIDENT/INVESTIGATION | | | | | | | OCA 2500735 | | | | | |
| C · I | ORI | | ,, 11 | | | | REPORT | | | | | | | Date / Time Reported S M I W T F S Month Day Yr Time | | | | | |
| D | | | NC 034 | | | | | | | | | | | 01 | | ' 202 | 5 18:39 Hrs | | |
| E N | #1 | rime I | ncident(s | · | | | Att At Found SMINTFS Month Day Yr Time | | | | | | | Last Known Secure SMIWTFS Month Day Yr Time | | | | | |
| Т | | | | Aggravated | Assa | ult | | X Com | 01 | | | 18:39 | Hrs | 01 | 07 | 2025 | 18:38 Hrs | | |
| D | Com 1425 W Founth St Winston and | | | | | | | | | | | | | | 2710 | , | Offense Tract 312 | | |
| A T | #3 Crime Incident | | | | | | | | | | | | | | | | ence Type | | |
| A | #3 | | | | | | | Com | | | | | | | | ingle Fan | nily ∏Multi Famil | | |
| MO | | | d or Con MITTEI | | | | | | | | | Forcit | ole es D | N/A | Weapo | on / Tools | | | |
| | | | | | | | | | 1 | | | |) | | | 1 - 1 | | | |
| | # of V | ictims | ~ 1 | X Person ciety ☐ Governr | | Business | inancial Institu | ute | Inju | | □ None oken Bones | _ | _ | | s of Teeth Drug/Alcohol Use: erations Yes Unknown | | | | |
| v | | | | | | | | | | | | | | | re Lacerations □ Yes □ Unknown □ Other Major □ Xo □N/A | | | | |
| I | 1 | /ictim/ | | Name (Last, First | | | | | | | Victim of | DOB / Age | | Race | Sex Re | lationshi | Resident Status | | |
| C T | V1 | | DA | TA OMITTED | | | | | | ' | Crime # | | 50 | | | Offende | r ⊠ Resident □ Non-Resider | | |
| I M· | | | | | | | | | | | 1 | | | | | IAQ | Unknown | | |
| | Home | Addre | SS | | | D | ATA OMI | ГTED | | | | | | | Home I | Phone | | | |
| | Emplo | yer Na | me/Add | ress | ГТЕD | | | | | | | Busines | ss Phone | | | | | | |
| | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | | Vin | | | | | | | |
| | | | | | | · | | | | | | | | | | | | | |
| H E R S I N V O L V E D | | | | | | | DATA | A OM | [ITT] | ED |) | | | | | | | | |
| Status Codes | $L = L_{0}$ | ost S | = Stolen | R = Recovered | D= | Damaged | Z = Seized | B = Bur | ned C = | : Cou | interfeit / Fo | rged F = F | ound | | | | | | |
| Coues | Victim | | | | | Ĺ | | | | | | | | | | | | | |
| | # | # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | Make/Model Serial Number DATA OMITTED | | | | | |
| - | | | | | | | | | | | | | | | | | FOR | | |
| D | | | | | | | | | | | | | | | | I | NFORMATION | | |
| P- R | | | | | | | | | | | | | | | | | SECURITY | | |
| 0 | | | | | | | | | | | | | | | | | PURPOSES | | |
| Р' Е- | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | 0 | NLY THE FIRST | | |
| Т | | | | | | | | | | | | | | | | TWE | LVE PROPERTY | | |
| Y · | | | | | | | | | | | | | | | | | ITEMS ARE | | |
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| _ | | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | | | mber Vehi | cles Recovere | | | | | | | | | | | | |
| ID | Officer PEP | | EVES | | D# | | Officer Sig | nature | | | | Superv | isor S | Signatu THV | re | (15427) |) | | |
| ID | PEREZ-REYES, D. (16353) Case Status Case Dispo | | | | | | | | | | | | CAI | <u>ип</u> , | D. J. | 13427) | / | | |
| Status | Comp | amunt | Signatul | - | | | ☐ Further ☐ Inact | r Investiga ive | tion | | Unfound Cleared t | ed by Arrest | | Refuse | to Coop | Experate | tradition Declined | | |
| | | | | | | | | | hausted | | \square Death of | | | | ution De | eclined | Page 1 | | |