I N	Agenc	y Name		ISTON-SALEN	OLICE	INCIDENT/INVESTIGATION							OCA 2501903					
C	ORI	NC	NC 034	10200			REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s			Att At Found SMTWTFS Month Day Yr Time							O1 18 2025 O1:03 Hrs. Last Known Secure SMTWTFS Month Day Yr Time					
N T	#1			Aggravated A	ssaı	ılt		ı —	Com	Month 01			Time 1:03 Hrs			Day Yr 🗀	Time $01:02$ Hrs.	
D	#2	Crime I	ncident						Att	Location	of Inciden	t					Offense Tract	
A T		'rime I	ncident					_	Com	135 Tu		, Winst	on-salem .	NC 27		Victim Reside	321	
A	#3	inne i	nerdent					☐ Att Premise Type ☐ Com						☐ Single Family ☐ Multi Family				
МО			d or Com MITTEE						·				Forcible Yes [X N/A	We	apon / Tools		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:		
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															s Unknown		
V I		Jictim/		igious X L.E. Off Name (Last, First,			ity Othe	er/Un	know	n 🗆	Internal Victim	_	nscious B / Age	Other Race			□N/A Resident Status	
C T	V1	v ictiii/			viida	10)		Crime #					29	Race	SCA	To Offender	Resident Resident	
I	, -		DA	ΓA OMITTED							1,			$\mid W \mid$	M	1ST	☐ Non-Resident ☐ Unknown	
M	Home Address DATA O								OMITTED						Home Phone			
	F1 N /A J.J							TA OMITTED						Business Phone				
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ī	DATA OMITTED																	
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E																		
D																		
Status	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																	
Codes	Codes (Check "OJ" column if recovered for other jurisdiction)																	
	Victim # DCI Status Value OJ QTY						Property Description							Mal	ce/Mo		rial Number	
- - P - R					_											DA	TA OMITTED FOR	
					<u> </u>											IN	FORMATION	
																	SECURITY	
O P																	PURPOSES	
E ·					_											ON	ILY THE FIRST	
R T					_												VE PROPERTY	
Y																	ITEMS ARE	
•																D	ISPLAYED ON	
																P	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Num	her Vehic	cles Recovere	d	0									
	Officer ID# Officer Signature Supervisor Signature																	
ID	SNII		Case Status			1	Casa Dia	nosition		NN, J. L. (15605)								
	Comp	ашаПі	Signatur	z.		☐ Further	Case Status Case Disposition: ☐ Further Investigation ☐ Unfounded ☐ Lo						ated		□ Extr	adition Declined		
Status							☐ Inact	/Clea			Clea		rrest by And	ther A	gency		Page 1	
							☐ Closed	/Lead	as Exl	nausted	□ Deat	n ot Off	ender 🗆	1 Prosec	cution	Declined 1	rage I	