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| I N | Agenc | y Name | | NSTON-SALE | M P | OLICE | INCIDENT/INVESTIGATION REPORT | | | | | | OCA 2502536 Date / Time Reported SM TW TF S Month Day Yr 01 24 2025 00:57 Hrs. Last Known Secure Month Day Yr SM TW TF S Time Time | | | | | |
| C · I | ORI | | ,, 1 | | | | | | | | | | | | | | | |
| D | | | NC 034 | | | | | | | | | | | | | | | |
| E N | #1 | rime I | ncident(s | · | | | | | | | | | | | | | | |
| Т | | | | Aggravated | Assa | ult | | X Com | 01 | _ | | <i>00:57</i> н | rs. 0. | 1 24 | 2025 | | | |
| D | Com 2860 Biodmont Cn Winston ag | | | | | | | | | | | | | | 05 | Offense Tract 223 | | |
| A T | #3 Crime Incident B Crime Incident B Crime Incident | | | | | | | | | | | | uich i | | | ence Type | | |
| A | #3 | | | | | | | Com | | | | | | | Single Fan | nily <mark>∏</mark> Multi Family | | |
| МО | | | d or Con MITTEI | | | | | | | | | Forcible | X N/A | Weap | on / Tools | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | □ Loss of Teeth Drug/Alcohol Use: e Lacerations □ Yes □ Unknown | | | |
| v | 1 | | | ligious 🔲 L.E. O | | | | er/Unknov | | | iternal U | nconscious | re Lacera | The Lacerations □ Yes □ Unknown □ Other Major ☑ No □N/A | | | | |
| I | 1 | /ictim/ | Business | Name (Last, First | , Mid | dle) | | | | | Victim of | DOB / Age | Race | Sex R | elationshi | p Resident Status | | |
| C T | V1 | | DA | TA OMITTED | | | | | | | Crime # | 3 | | | o Offende | r ⊠ Resident □ Non-Residen | | |
| I M· | | | | | | | | | | | 1, | | B | M | 1RU | Unknown | | |
| | Home | Addre | SS | | | D | ATA OMI | FTED | | | | | | Home | Phone | | | |
| | Emplo | oyer Na | me/Add | ress | | D | ATA OMI | TED | | | | | | Busine | ess Phone | | | |
| | VYR | M | ake | Model | S | tyle | Color Lic/Lis Vin | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| H E S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | |
| Status Codes | L = L | ost S | = Stolen | R = Recovered | D= | Damaged | Z = Seized | B = Bur | ned C = | = Cor | unterfeit / Fo | rged F = Fo | und | | | | | |
| coucs | Victim | | | | | Ĺ | | | | | | | | | | | | |
| | # | # DCI Status Value OJ QTY Property Descr | | | | | | Descript | ription | | | | ke/Mode | | Serial Number | | | |
| - | | | | | | | | | | | | | | | | FOR | | |
| - Р- | | | | | | | | | | | | | | | I | NFORMATION | | |
| R | | | | | | | | | | | | | | | | SECURITY | | |
| 0 | | | | | | | | | | | | | | | | PURPOSES | | |
| Р' Е- | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | NLY THE FIRST | | |
| T Y · | | | | | | | | | | | | | | | TWE | LVE PROPERTY | | |
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| - | | | | | | | | | | | | | | | | DISPLAYED ON | | |
| - | | | | | | | | | | | | | | | | P2C REPORTS | | |
| - | Number of Vehicles Stolen 0 Number Vehicles Recovered 0 | | | | | | | | | | | | | | | | | |
| | Numb Officer | | enicles S | | Nu D# | mber Vehi | Officer Sig | | | | | Supervie | or Signa | ture | | | | |
| ID | | | . (1635 | | | | | mature | | | | ALLI | or Signature EN, W. A. (15431) | | | | | |
| Complainant Signature Case Status Case Disposition: □ Further Investigation □ Unfounded □ Located Status □ Closed/Cleared □ Cleared by Arrest □ PR | | | | | | | | | | | C Refu | | D Ex | tradition Declined | | | | |
| | | | | | | | | | hausted | | Death of | | \square Prose | | Declined | Page 1 | | |