| I N | Agenc | y Name | | ISTON-SALEN | OLICE | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2506885 | | | | | | |
|--|---|--------------|-----------|--|----------|-----------|------------------------|----------|------------|--------------------|--------|-----------------------|-----------------------------|-------------------|--------------------------------|---|--------------------|---------|---------------------------|----------|
| C | | | | | | | | | | | | | | | | e/Time Reported $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | | | | |
| D E | | Crime I | | Att At Found SMTWTFS Month Day Yr Time | | | | | | | | | | | | | | | | |
| N T | #1 | | | Discharging F | `irea | rm | | _ | Com | Month 03 | | | | lime :15 Hrs | | | Day Yi D1 202 | _ | Time 10:14 Hr | îs. |
| D | #2 | Crime I | ncident | | | | Att | Location | | | . 117: | | N/ | 7 2 7 | 107 | Of | fense Tract 212 | | | |
| A T | #3 | Crime I | ncident | | | | | _ | Com Att | Premise ' | | | 1, W I | nston-sal | em NC | Victim Residence Type | | | | |
| A | | | | | | | | Com | | | | | | | ☐ Single Family ☐ Multi Family | | | | | |
| МО | | | d or Com | | | | | | | | | Forcible Yes No | X N/A | We | apon / Too | ols | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | | |
| V | 1 | | | ciety Government Gious L.E. Off | | | inancial Institution | | know | . – | | oken Bone ternal 🔲 | | ☐ Severe | Lacerate Other | | – | | □ Unknow □ N/A | n |
| I C | Victim/Business Name (Last, First, Middle) | | | | | | | | | | | | Victim of DOB / Age Crime # | | | | | hip R | Resident Stat | us |
| T I | V1 | | DA | ΓA OMITTED | | | | | | | ' | | | | | | 10 Offen | | ☐ Resident ☐ Non-Resid | leni |
| M · | Home | Addre | cc | | | | | | | | | 1, | | | | Home Phone Unknown | | | | |
| | DATA OMI | | | | | | | | | TTED | | | | | | Trome Fnone | | | | |
| | Emplo | oyer Na | me/Addı | ress | D. | ATA OMI | TA OMITTED | | | | | | | Business Phone | | | | | | |
| , | VYR Make Model Style | | | | | | Color Lic/Lis Vin | | | | | | Vin | | | | | | | |
| T H E R S I N O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | [ake/Model Serial Number | | | | |
| | " | And you have | | | | | | | | | | | | DATA | A OMITTED | <u> </u> | | | | |
| - P - R | | | | | _ | | | | | | | | | | | | | INEC | FOR ORMATION | |
| | | | | | + | | | | | | | | | | | | | | ECURITY | _ |
| ο . | | | | | | | | | | | | | | | | | | PU | URPOSES | _ |
| P - | | | | | _ | | | | | | | | | | | | | ON II 1 | WELLE EID O | _ |
| R T | | | | | + | | | | | | | | | | | | TW | | Y THE FIRS E PROPERT | —I |
| Y · | | | | | \dashv | | | | | | | | | | | | 1 1 | | EMS ARE | _ |
| - | | | | | \top | | | | | | | | | | | | | DISE | PLAYED ON | 1 |
| | | | | | | | | | | | | | | | | | | P2C | REPORTS | |
| - | Num- | or of V | ehicles S | tolen 0 | N | abar Vahi | cles Recovere | d | 0 | | | | | | | | | | | _ |
| | Office | r | | ID | | iber veni | Officer Sig | | e e | | | | Ī | Supervisor | | | | | | \dashv |
| ID | PET | Case Status | PARI | | | | | | | XER, M. J. (15308) | | | | | | | | | | |
| Status | Comp | iainant | Signatur | 5 | | | | | | | | | | | ition Decline Page 1 | ed — | | | | |