| I N | Agenc | y Name | | STON-SALEN | OLICE | IN | CIE | CIDENT/INVESTIGATION | | | | | | OCA 2120771 | | | | |
|-----------------------|--|-----------------|-----------------------|-------------------------|--|---------------------------------------|--|----------------------|----------|----------------------|------------|--|--|--------------------------------|------------------|--------------------------|----------------------|--------------------------|
| C · | ORI | NG | | | | | REPORT | | | | | | Date / Time Reported SMTWTES Month Day Yr Time | | | | | |
| D E | | | NC 034 | | ☐ Att At Found SMT₩TFS Month Day Yr Time | | | | | | | Day 17 Time 04 16 2021 16:07 Hrs. Last Known Secure SMT T T F S Month Day Yr Time | | | | | | |
| N T | #1 | | , Assault-non Agg | _ | Com | Month 04 | Ι | | | Time 7:00 Hrs | | | Day Yr 🗀 | Time $16:00$ Hrs. | | | | |
| D. | #2 | | ncident | | | | | Att | Location | n of | f Incident | · | • | | _ | | Offense Tract | |
| A T | Crime Incident ☐ Com 3504 Yadkinville Rd, Winston-salen | | | | | | | | | | | | | | | | 27106 Victim Residen | 114 |
| A | #3 | Jime 1 | nerdent | | | | | Com | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Com | | | | | | • | | | | | Forcible Yes | X N/A | We | apon / Tools | |
| | □ No | | | | | | | | | | | | | | | cohol Use: | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | | | |
| V | $\frac{I}{I}$ | Listins/ | | igious L.E. Off | | | ity 🔲 Othe | er/Un | nknow | n _ |] In | | | nscious | Other | Majo | | □N/A Resident Status |
| C T | V1 | v ictiii/ | | | | | | | | Victim of Crime # | DOI | 3 / Age 29 | Race | Sex | | ☐ Resident | | |
| I | * 1 | | DA | ΓA OMITTED | | | | | | 1, | | | В | M | | Non-Resident Unknown | | |
| М - | Home | Addre | ss | | TTED | | | | | | | | Home Phone | | | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | | Business Phone | | | |
| | VYR | Color | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | |
| | | | | | <u> </u> | | | | 1 | | | | | | | | | |
| O | | | | | | | | | | | | | | | | | | |
| T | | | | | | | | | | | | | | | | | | |
| H E | | | | | | | | | | | | | | | | | | |
| R S | | | | | | | | | | | | | | | | | | |
| | | | | | | | DATA | (| M | TTTI | ΞI |) | | | | | | |
| I N | DATA OMITTED | | | | | | | | | | | | | | | | | |
| V | | | | | | | | | | | | | | | | | | |
| O L | | | | | | | | | | | | | | | | | | |
| V E | | | | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | | | | |
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| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered for other | D = er jur | Damaged risdiction) | Z = Seized | B = | Burn | ned C= | Co | unterfeit / F | Forged | F = Found | 1 | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | Mal | ce/Mo | odel Ser | rial Number | |
| - | | | | | | | | | | | | | DA | TA OMITTED | | | | |
| - P - R | | | | | | | | | | | | | | | | | IN | FOR FORMATION |
| | | | | | | | | | | | | | | | | | | SECURITY |
| 0 | | | | | | | | | | | | | | | | | | PURPOSES |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | LY THE FIRST |
| Т Ү | | | | | - | | | | | | | | | | | | | VE PROPERTY ITEMS ARE |
| - | | | | | | | | | | | | | | | | | | SPLAYED ON |
| - | | | | | | | | | | | | | | + | | | | 2C REPORTS |
| - | | | | | \Box | | | | | | | | | | | | | |
| | Numb | | ehicles S | tolen 0 | | mber Vehi | cles Recovere Officer Sig | | 0 re | | | | 1 | Supervisor | Signat | ure | | |
| ID | CARLETON, C. L. (15780) | | | | | | | | | | _ | | | THOM | PSON | J, J. | J. (14841) | |
| | Comp | lainant | Signatur | e | Case Statu | | Case Disposition: Investigation ☐ Unfounded ☐ Located ☐ Extradition I | | | | | | | | adition Declined | | | |
| Status | | | | | tive | ve Cleared by Arrest Refuse to Cooper | | | | | | | ooperate | 2 conned | | | | |
| | | | | /Clea | | hausted | | | | rrest by Ano | | | | Page 1 | | | | |