I N	Agenc	y Name		VSTON-SALEN	IN	INCIDENT/INVESTIGATION								OCA 2126867						
C	ORI	NC	NC 034	10200												Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s			☐ Att At Found S上4 〒 W 丁 F S								05 17 2021 22:17 Hrs. Last Known Secure S 型 T W T F S						
N T	#1 Discharging Firearm									Att At Found S M T W T F S Month Day Yr Time At Found S M T W T F S Month Day Yr Time At Found At F S T W T F S Month Day Yr Time At F S T W T F							Month Day Yr Time			
D	#2	Crime I	ncident						-	Location			122	.1/ 1122	7 03	1	2021	Offense Tract		
A	Com 2227 Sage Meadows Dr, Winst														on-sal			314		
T A	#3	Jime I	ncident						☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family				
МО			d or Con MITTEI					Forcible ☐ Yes ☐ No						☐ Yes [Weapon / Tools ✓ N/A					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:				
* 7	I Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major N/A															_				
V I		Victim/		Name (Last, First,			пту 🔲 Оппе	21/ U11	KIIOW	<u>п</u> □	Interna Victi			scious _	Race					
C T	V1													. 6			To Offender	☐ Resident		
I M	DATA OMITTED											1,						☐ Non-Resident		
IVI ·	Home Address DATA OMI									TTED						Home Phone				
,	Employer Name/Address DATA O														Business Phone					
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	#							Property Description							Mak	e/Mo		erial Number ATA OMITTED		
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-					\dashv												I	P2C REPORTS		
-	Numb	er of V	ehicles S	tolen 0	Nur	nber Vehi	cles Recovere	d	0											
ID	Office	r CFD	C I /1	ID		Officer Sig	Officer Signature Supervisor Signature													
ID	MAGER, G. J. (16098) Complainant Signature Case														LEN, W. A. (15431)					
a.	Р		<i>5</i>		☐ Further	ther Investigation ☐ Unfounded ☐ Loc						ated	a to C	Ext	radition Declined					
Status							Closed	☐ Closed/Cleared ☐ Closed/Leads Exhausted ☐ Closed/Leads Exhausted ☐ Closed/Leads Exhausted ☐ Death of Offender						rest by And						