| I N | Agenc | y Namo | | NSTON-SALEN | . IN | ICIDENT/INVESTIGATION | | | | | | OCA 2223091 | | | | | | | |
|-----------------|---|--|-----------|----------------------|--|-----------------------|--|---|---------------|-------------|----------------|--------------------|--------|---|----------------|-------------------------|------------------|------------------------------|--|
| C | ORI | NC | | | | | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | 10 | | NC 034 | | | | | 05 | | | | | | | | 13 2022 02.29 Hrs. | | | |
| N | #1 | | |) vice-non Crimin | Att At Found S M T W T F S Month Day Yr Time Month Day No. 13 2022 02:29 Hrs | | | | | | | Month Day Yr Time | | | | | | | |
| T | #2 | | ncident | vice-non Crimin | ui C | un I or | Dervice | | \rightarrow | 05 Location | _ | | 2 02 | ::29 ==== | s <u>05</u> | | | 02:29 Hrs. Offense Tract | |
| D A | □ Com 499 W Fourth St/n Spruce St, Winsto | | | | | | | | | | | | | | | | | 111 | |
| T A | #3 | Crime I | ncident | | | | | | Att Com | Premise | Туре | e | | | | | Victim Reside | nce Type ly ∏Multi Family | |
| | How A | Attacke | d or Con | nmitted | | | Forcible | | | | Weapon / Tools | | | | | | | | |
| МО | D. | ATA O | MITTEL |) | | | | | | | | | | ☐ Yes ☐ No | X N/A | /A | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | |
| V | 0 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major No No | | | | | | | | | | | | | | | _ | | | |
| I | Victim/Business Name (Last, First, Middle) Victim of DOB / Age I | | | | | | | | | | | | | | Race | <u> </u> | Relationship | Resident Status | |
| C T | V1 | | DA | ΓΑ OMITTED | | | | | | | | Crime # | | | | | To Offender | ☐ Resident ☐ Non-Resident | |
| I M | | | | | | | | | | | | | | | | | - Tri | Unknown | |
| | Home Address DATA OMI | | | | | | | | | TTED | | | | | | Home Phone | | | |
| | Employer Name/Address DATA O | | | | | | | | IITTED | | | | | | Business Phone | | | | |
| , | VYR | M | ake | Model | St | yle | Color | | Lic | c/Lis | | | | Vin | | | | | |
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| Status Codes | | | | | | | | | | | | | | | | | | | |
| Coucs | Victim | | | | December: Description | | | | | | | | 37.1 | Make/Model Serial Number | | | | | |
| | # | # DCI Status Value OJ QTY PCA OTHE 1 20 | | | | | | Property Description 010 BLK , RAV2664 NC | | | | | | | FORD . | | | TA OMITTED | |
| P - R _ | | | | | \neg | | | | | | | | | | | | | FOR | |
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| O P · | | | | | | | | | | | | | | | | | | PURPOSES | |
| E · | | | | | \dashv | | | | | | | | | | | | ON | ILY THE FIRST | |
| Т | | | | | | | | | | | | | | | | | TWEL | VE PROPERTY | |
| Υ . | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | + | \perp | | | | | | | | | | | | | SPLAYED ON 2C REPORTS | |
| - | | | | | \dashv | | | | | | | | | | | | r | 20 KLI OK 13 | |
| | Numb | er of V | ehicles S | tolen 0 | Nur | nber Vehi | cles Recovere | d_ | 0 | | | | | | | | | | |
| ID | Office TEA | r <i>GUF</i> | LG (| ID 16065) | Officer Sig | natui | re | | | | | Supervisor WRAY | | | 74) | | | | |
| ID | | | Signatur | | | Case Status | ase Status Case Disposition: | | | | | | | WRAY, J. R. (15174) | | | | | |
| Status | - | | | | | | ☐ Further Investigation ☐ Unfounded ☐ Lo | | | | | | | ated 1 Refuse | e to C | Extr | adition Declined | | |
| siaius | | | | | | | Closed | ☐ Closed/Cleared ☐ Cleared by Arr | | | | | | rrest Refuse to Cooperate rrest by Another Agency reder Prosecution Declined Page 1 | | | | | |