I N	Agenc	y Nam		NSTON-SALE	. IN	INCIDENT/INVESTIGATION							OCA 2320895						
C	ORI	NG			,,,,	CLICL	1			REF	90	RT		-	Date /	Time	Reported Day Yr	SMT#TFS	
D E	10		NC 034		Att At Found SMTHTFS Month Day Yr Time						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								
N T	#1	Jime 1	nerdent(s	, Vandalis	m.			_	Com	Month 05	I			Time 3:00 Hrs			Day Yr 12023	Time	
D D	#2	Crime I	ncident	renteettis					_		_	f Incident	<u> </u>	5.00 1113	1 03		2023	Offense Tract	
Α	Com 1210 E Twenty-first St, Winston-sa																	223	
T A	#3	rime i	ncident					Att Com	Premise	гу	pe				- 1	Victim Resid Single Fan	ence Type ily ∏Multi Family		
МО			d or Com											Forcible Yes	X N/A	We	apon / Tools		
																Jackel Hear			
	Society Government Financial Institute Broken Bones Severe Lacerations																es Unknown		
V			☐ Rel	igious 🔲 L.E. Of	ficer		uty Othe	er/Un	know	n [_] In	nternal 🔲		nscious	Other	Majo	r 🛛 🗖 N	0 □N/A	
I C	Victim/Business Name (Last, First, Middle) Victim of Crime # Victim of Crime #														Race	Sex	Relationship To Offende		
T I	VI DATA OMITTED														$\mid B \mid$	$_F$		✓ Non-Resident ☐ Unknown	
M	Home Address DATA OMITTED															Home Phone			
,	Employer Name/Address DATA OMI															Business Phone			
	VYR	M	ake	Color							Vin								
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ied C=	Co	unterfeit / F	Forged	F = Found	i				
	Victim #	DCI	Status		Property Description							Mak	e/Mo	del S	erial Number				
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P - R																	т	FOR NFORMATION	
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ID	Office SHC		KER, T	T. G. (16282)	Officer Sig	natur	ie					Supervisor STUMI	31gnati 2, <i>J. K</i>	иге 7. <u>(1</u> 4	1922)				
	Comp	lainant	Signatur	e		Case Statu		Case Disposition:							radition Darling 1				
Status							☐ Further ☐ Inact ☐ Closed	tive l/Clea	ared				by A	rrest by Ano	Refuse ther Ag	gency	ooperate	Page 1	