I N	Agenc	y Name		NSTON-SALEN	— 1 Р	OLICE	IN	CIDENT/INVESTIGATION						OCA 2409790					
C .	ORI	NC				1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E	NC NC 0340200  Crime Incident(s)									☐ Att   At Found						03   20   2024  13:44 Hrs.			
N T	#1		, Assault-non Agg	ı —	☐ Att   At Found   S M T H T F S   Last Known Secure   S M T H M Month Day Yr Time   Month Day Yr Time									Time					
D.	#2		ncident		,			ı —	Att	Location	n of	Incident				•		Offense Tract	
A T	Crime Incident Com 1487 New Walkertown Rd, Winster Details Type																<i>i NC</i> Victim Reside	nce Type	
A	#3							Com						☐ Single Family ☐ Multi Family					
МО			d or Com MITTEE		Forcible Yes						☐ Yes [	Weapon / Tools							
	# of V	ictims	Type	☐ Person		Business				Injur	у	☐ None	ΓXΙΝ	_	Loss o	f Tee	th Drug/A	lcohol Use:	
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															_			
V I		Victim/		Name (Last, First,			uty 🗌 Othe	er/Ur	ıknow	n _	_	Victim of		scious  B / Age	Other				
C T	V1 DATA OMITTED  Vicinit of Dob/Age Crime # 25																To Offender	□ Resident	
I M ·		DA.					1,			W	M	1ST	☐ Non-Resident☐ Unknown						
141	Home	Addre	SS		ГТЕО								Home Phone						
	Employer Name/Address DATA OMI								 ITED						Business Phone				
•	VYR	Color	Color Lic/Lis Vin						Vin										
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L	ost S k "OJ"	= Stolen column i	R = Recovered	D = er iur	Damaged risdiction)	Z = Seized	B =	Burr	ned C=	Coı	unterfeit / F	orged	F = Found	i				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	ce/Mo	odel S	erial Number		
													Dz	ATA OMITTED					
- P - R																	11	FOR FORMATION	
																		SECURITY	
O P -																		PURPOSES	
Р Е -																	0.7	H V THE EIDOT	
R T																		VE PROPERTY	
Y ·																	1,,,21	ITEMS ARE	
-																	D	ISPLAYED ON	
																	I	2C REPORTS	
-	Numb	or of W	ehicles S	tolen 0	No	mber Vok	cles Recovere	d	0										
	Office	r		ID		moer veni	Officer Sig		0 re				ı	Supervisor					
ID	LANCASTER, A. W. (16169)  Complainant Signature  Case Signature								GORDOŇ, J. G. (								(15435)		
Status	Compl	aınant	Signatur	e	r Inv	Cleared by Arrest Refuse to Cooperate							radition Declined						
						cared Cleared by Arrest by Another Agency								Page 1					