I N	Agenc	y Name		STON-SALEN	CIDENT/INVESTIGATION						OCA 2410301								
C .	ORI	NC						REPORT						Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034				Att	At Foun	d	L-SI M	l Tl W	TFS	03		24   202	A II:12 Hrs. SMTWTFS			
N T	#1			, Assault-non Agg	ı —	Com	Month 03	Da			T F S  Time !:12  Hrs			Day Yr	Time   11:11  Hrs.				
D.	#2		ncident		,			$\vdash$	Att	Location			<del>f</del>   11	1.12	1 03		.4   2024	Offense Tract	
A	Com 5290 Indiana Av - N, Winston-salen																	123	
T A	#3	Jillie 1	ncident						Att Com	Pielilise	тур	ie				- 1	Victim Resido Single Fam	ily ∏Multi Family	
МО			d or Con					!	'					Forcible Yes	X N/A	We	apon / Tools		
																lcohol Usa:			
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:   Person   Society   Government   Financial Institute   Broken Bones   Severe Lacerations   Yes   Unknown																		
V	$\frac{I}{I}$	7		igious L.E. Off			ity   Othe	er/Ur	nknow	n 🗆	_			nscious	Other	Majo			
C	V1	v ictim/		Name (Last, First,					Victim of Crime #	DOI	3 / Age 30	Race	Sex	Relationship To Offender					
T I	V 1		DA	ΓA OMITTED					1,			$\mid B \mid$	M	1RU	☐ Non-Resident				
М -	Home	Addre	ess		TTED							l	Home Phone						
	Employer Name/Address DATA OMI															Business Phone			
	VYR							Vin											
O T																			
H E																			
R S																			
							DATA	(	M	TTTF	τD	)							
I N	DATA OMITTED																		
V																			
O L																			
V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	= Burr	C = 0	Cou	nterfeit / F	orged	F = Found	i				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mo	odel S	erial Number	
- - P -													D.	ATA OMITTED					
																	T	FOR NFORMATION	
					$\dashv$												1.	SECURITY	
R O																		PURPOSES	
Р <sup>-</sup> Е -																			
R																		NLY THE FIRST	
Т Ү -																	TWE	LVE PROPERTY	
٠.																	-	ITEMS ARE	
-						+												P2C REPORTS	
-																	<u> </u>		
•			ehicles S	tolen 0		nber Vehi	cles Recovere		0										
ID	Office: CAR		J. L. (1	Officer Sig	natu	re					Supervisor BOGEI	r Signature ER, J. C. (14943)							
11/	Complainant Signature Case Statu									Case Disposition:									
Status						☐ Further		Investigation Unfounded Located Extradit							radition Declined				
Juius							Closed	losed/Cleared						rrest by Ano	est by Another Agency  der Prosecution Declined Page 1				