| I N | Agenc | y Name | | ISTON-SALEN | OLICE | IN | INCIDENT/INVESTIGATION OCA 2410681 | | | | | | | | | | | | |
|-----------------------------------------------------|---------------------|-----------------|----------------------------|--------------------------------------|------------------|------------------------|------------------------------------|-------------------------------------------------------|----------------|-------|----------|--------------------------|----------------------------|-----------------------|----------------------|------|--------------------------------------------------------|-------------------------------|--|
| C I D | ORI | NC. | NC 034 | 40200 | | | ** | ** Contains Restricted Names ** Date / Tim Month 0.3 | | | | | | | | | me Reported SMTMTFS Day Yr Time 27 2024 14:34 Hrs. | | |
| E | | rime I | ncident(s | <u> </u> | | Att | | ound | SI | 1 T ₩ | T F S | | | | MTWTFS | | | | |
| N T | #1 | | | Assault-non Agg | grav | ated Ass | sault | IX | Com | 03 | | 27 202 | | 1:34 Hrs | | | | Time 14:33 Hrs. | |
| D | #2 | Crime I | ncident | D 17: 1 | . • | | | | Att | | | of Incident | 117. | , 1 | NC | 7104 | I | Offense Tract | |
| A T | | Crime I | ncident | Drug Viola | ions | <u> </u> | | | Com Att | | ise Ty | | Wins | ton-salem | i NC 2 | | ictim Resider | 223 | |
| A | #3 | | Ccw-p | ossession/conce | alin | g Weap | ons | | Com | | | , r - | | | | |] Single Famil | y □Multi Family | |
| МО | | | d or Com MITTED | | | | | | | | | | | Forcible ☐ Yes [☐ No | X N/A | Wea | apon / Tools | | |
| | # of Victims Type | | | | | | | | | | | | | | | | | | |
| V | 2 | | _ | ciety 🔲 Governm igious 🔼 L.E. Off | | _ | | | nknow | 'n | _ | Broken Bono nternal □ | | Severe | Lacerar Other | | . – | S □ Unknown □ N/A | |
| I | | Victim/ | | Name (Last, First, | | | | | | _ | <u> </u> | Victim of | | 3 / Age | | Sex | Relationship | Resident Status | |
| C T | V1 | | DAT | ΓΑ OMITTED | | | | | | | | Crime # | | | | | To Offender | □ Resident □ Non-Resident | |
| I M | | | | TH OWITTED | | | | | | | | 1, // | | | | | | Unknown | |
| Home Address DATA OMITTED Home Ph | | | | | | | | | | | e Phone | Phone | | | | | | | |
| Employer Name/Address DATA OMITTED Business P | | | | | | | | | | | | ness Phone | | | | | | | |
| | VYR | M | ake | Model | Color | | Lic/Lis | | | | Vin | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | | |
| Status Codes | L = Lo | ost S k "OJ" | = Stolen column i | R = Recovered f recovered for other | D = I er iuri | Damaged isdiction) | Z = Seized | B = | - Burn | ed C | C = Cc | ounterfeit / I | Forged | F = Foun | d | | | | |
| | Victim | DCI | Status | Value | OJ | QTY | | Dro | operty | Descr | intion | | | | Make/Model Serial Nu | | | rial Number | |
| | # | | | | | | | | RMS/AMMUNITION | | | | | PF940F | | | TA OMITTED | | |
| P - R - O | | | | | | | | | | | | | | | | | | FOR | |
| | | | | | | | | | | | | | | | | | | FORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY PURPOSES | |
| Р. | | | | | | | | | | | | | | | | | | T CRI OSES | |
| E - R | | | | | | | | | | | | | | | | | ON | LY THE FIRST | |
| Т | | | | | | | | | | | | | | | | | TWEL | VE PROPERTY | |
| Y | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | _ | | | | | | | | | | | | | SPLAYED ON | |
| | | | | | - | | | | | | | | | | | | P | 2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Nun | nber Vehic | cles Recovere | d | 0 | | | | | | | | | | |
| | Officer | | | ID | | | | Officer Signature Supervisor Signature | | | | | | | | | | | |
| ID | | | <i>ER, A.</i> Signature | W. (16169) | Case Statu | COLLINŠ, A. B. (14763) | | | | | | | | | | | | | |
| Status | Compl | amallí | Signature | - | | | ☐ Furthe ☐ Inac ☐ Closed | r Inv tive l/Clea | ared | | | Unfour Cleared | ided I by Ai I by Ai | Locarrest | Refuse other Ag | ency | ooperate | Page 1 | |