| Ι. | Agency Name INCIDENT/INVESTIGATION OCA | | | | | | | | | | | | | | | | | |
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| N | rigene | y rvarii | | NSTON-SALE | OLICE | INCIDENT/INVESTIGATION REPORT | | | | | | | 2410851 | | | | | |
| C · | ORI | | | | | | | KEP |)K I | | | Date / | Time | Reported S | SMTWIFS | | | |
| D | | | NC 034 | | | | | | | | | | 03 28 2024 21:59 Hrs. | | | | | |
| E N | #1 | | ncident(s | | | | | Att At Found SMTWFFS Month Day Yr Time | | | | | | | Last Known Secure SMTWIFS Month Day Yr Time | | | |
| Τ. | T Simple Assault-non Aggravatea Assault | | | | | | | | | | | | :59 Hrs | 03 | 2 | 8 2024 | | |
| D | 1 #2 | | | | | | | | | | | | | | offense Tract 112 | | | |
| A T | ша (| Crime I | ncident | | | | | | | remise T | | , , , , , , , , , , , , , , , , , , , , | ision-saic | in ive | | ictim Resider | | |
| A | #3 | | | | | | | _ C | | | • | | | | | Single Fami | ly □Multi Family | |
| МО | | | d or Con | | | | | | | | | | Forcible | T NI/A | Wea | pon / Tools | | |
| MO | DATA OMITTED See No. 1. See No. 1 | | | | | | | | | | | | | | | | | |
| V I | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | |
| | 1 | | | ciety Governm | | _ | inancial Institu | | | . – | Broken Bone | | □ Severe | | Lacerations Other Major | | | |
| | , | Victim/ | | ligious L.E. Of Name (Last, First, | | | иу 🔲 Оше | ei/ Uliki | iowii | I | nternal Victim of | | S / Age | Race | <u> </u> | Relationship | N/A Resident Status | |
| C T | Crime # 2.3 | | | | | | | | | | | | | | | To Offender | ☐ Resident | |
| I | I DATA OMITTED | | | | | | | | | | | | | W | M | 10K | Non-Resident ☐ Unknown | |
| М - | Home | Addre | ss | | | | ATTA ON HE | | | | | | | | Home Phone | | | |
| | Г 1 | N.T. | /A 11 | | | | ATA OMIT | IITTED | | | | | | | | | | |
| | Emplo | oyer Na | me/Add | ress | | D. | ATA OMIT | TA OMITTED | | | | | | Business Phone | | | | |
| • | VYR | M | ake | Model | S | tyle | Color Lic/Lis Vin | | | | | | Vin | | | | | |
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| Status | us L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found | | | | | | | | | | | | | | | | | |
| Codes | (Chec | k "OJ" | | if recovered for oth | | | | | | | | | | | | | | |
| - - P - | Victim # | | | | | | | Property Description | | | | Mak | e/Mod | | rial Number | | | |
| | | | | | | | | | | | | | | | | DA | TA OMITTED | |
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| R O | | | | | | | | | | | | | | | | | PURPOSES | |
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| T Y . | | | | | | | | | | | | | | | | | VE PROPERTY | |
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| - | | F2C REPORTS | | | | | | | | | | | | | | | | |
| _ | | | ehicles S | | | mber Vehic | cles Recovere | | | | | | | | | | | |
| ID | Office LAN | | ER. I | R. (16219) |)# | | Officer Sig | nature | | | | Supervisor Signature WILLIAMS, K. A. (15631) | | | | | | |
| ii) | | | Signatur | | | | | Case Status Case Disposition: | | | | | | , | | | | |
| Status | | | | | | | ☐ Further 【X Inact | | igatio | n | ☐ Unfoun | | rest Loc | ated 1 Refuse | e to Co | Extr | radition Declined | |
| siaius | | | | | | ☐ Closed | | ısted | | by Aı | rest by And | other Ag | gency | Declined | Page 1 | | | |
| | | | | | | | 1 1 1 010360 | Luus | LAHAI | www. | I I Dean 0 | . 0110 | 11401 | 1 1 10000 | uuUII | -commed [| 1 u = 0 1 | |