I N	Agenc	y Name	e WIN] IN	INCIDENT/INVESTIGATION							OCA 2411650							
C ·	ORI	NC						REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E			NC 034					Att	At Foun	nd	Islm	ıl ırl w	IF S	04		04 20.	Time 24 10:02 Hrs. SMTWIFS		
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D.	#2	Crime I	ncident	1	- F				_	Location	_		7 10	.02	7 04		04 202-	Offense Tract	
A	Com 4950 Indiana Av, Winston-sale																06 Victim Resi	121	
T A	#3	Jime I	ncident						Att Com	Premise	тур	ie						aence Type nily	
МО			d or Com			•					Forcible Yes	X N/A	We	apon / Tool	S				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:			
3.7	0 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major															_			
V I		Victim/		Name (Last, First,			пу 🔲 Опи	21/ U11	ikilow	п		Victim of		S / Age	Race	.			
C T	V1			ΓA OMITTED					Crime #		. 8			To Offende	er Resident				
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•	Employer Name/Address DATA O														Business Phone				
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_			ehicles S			nber Vehi	cles Recovere		0										
ID	Office:		Y. S. A.	ID (14880)	Officer Sig	Officer Signature Supervi (0)							sor Signature						
117		lainant		Case Status					ase Dispos										
Status				☐ Further	r Investigation Unfounded						rest Loc	ated Refuse	e to C	Cooperate E	xtradition Declined				
Juius							Closed	Closed/Cleared					by Aı	Arrest Refuse to Cooperate Arrest by Another Agency fender Prosecution Declined Page 1					