I N	Agenc	y Name		NSTON-SALE	M P	OLICE	INCIDENT/INVESTIGATION REPORT							OCA 2411743						
C	ORI	NC	NC 034	10200					KEFC	JK I					Reported Pay Yr	SMT				
D E	10						A	I	At Found	Isla	ประเพา	T ₹ S	04			4  10  S M T	me :16 Hrs. WTFS			
N	#1	Crime Incident(s)  Other Obsenity/ Pornography Violation							יו ויי	Month	Day Yr	Т	'ime			n Secure Day Yr	Time	e		
T	<b>"0</b>	Crimo Insident								☐ Att   Location of Incident   Location of I						09   01   2021   06:00   Hrs. Offense Tract				
D A	#2							Com 532 Old Hollow Rd, Winston-sa												
T	#3 Crime Incident														Victim Residence Type					
A	"3							☐ C	om							Single Fan		Iulti Family		
МО			d or Con										Forcible Yes	X N/A	Weapon / Tools					
	DATA OMITTED See Section 1. No																			
17	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:																			
	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow Internal Unconscious Other Major																			
V I		Victim/		Name (Last, First,			пу 🔲 Оппе	21/ Uliki	IOWII	<u> </u>	Victim of		B / Age	<del>-</del>		r ⊠N Relationshi		N/A dent Status		
C T	V1	, 1001111			11110						Crime #	DOL	, rige	Race	SCA	To Offende	r 🗆 R	esident		
I	` 1		DA	TA OMITTED							1,						. —	on-Resident		
M	Home	Addre	ss								ŕ				Home Phone Unknown					
						D.	ATA OMI	ГТЕО												
	Empl	oyer Na	me/Add	ress		D.	ATA OMI	)MITTED							Business Phone					
	VYR	M	ake	Model	Color   Lic/Lis   Vin						Vin									
H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim					ĺ	Proporty Provinting							37.1	/) (	1.1		1		
- - P - R	#	# DCI Status Value OJ QTY						Property Description						Mak	ce/Mo		Serial No	umber MITTED		
																		OR		
																]	NFORN	IATION		
																	SECU	RITY		
0																	PURF	POSES		
Р <sup>-</sup> Е -																				
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Y																TWE		OPERTY		
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																		YED ON		
																	1 2C KE	PORTS		
-	Numb	er of V	ehicles S	tolen 0	Nin	mher Vebi	cles Recovere	d 0												
	Office		cincies S	ID		moer veille	Officer Sig					ı	Supervisor	Signati	ure					
ID	MA	GER, (	G. J. (1	6098)			Officer 51g	Supervisor Signature Supervisor Signature KRAWC							ZYK, K. K. (14788)					
			Signatur				Case Status		Case Disposition:									D :: :		
Status							☐ Further  ☐ Inact ☐ Closed ☐ Closed	ive /Cleare	d		☐ Unfoun ☐ Cleared ☐ Cleared ☐ Death o	l by Ar l by Ar	☐ Loc rest ☐ rest by And nder ☐	] Refuse other Ag	gency	ooperate		Declined		