I N	Agenc	y Name		STON-SALEN	IN	CIE	CIDENT/INVESTIGATION						OCA 2411753						
C ·	ORI	NG			1		REPORT						Date / Time Reported SMTWTES Month Day Yr Time						
D E	10		NC 034					L A & L At Found S M T W T					TI-FIS	04 05 2024 09:4					
N T	#1) Obsenity/ Pornog	_	Month Day Yr Time Month Day Yr									Time					
D .	#2		ncident	osenity, I ornog	, up	Try Trote			-			Incident	1 US	7.40 1111	<u>, 09</u>		27 2021	Offense Tract	
A	Com 3326 Silas Creek Pw, Winston-sale																	322	
T A	#3	rime i	ncident						Att Com	Premise	1 y _]	pe				- 1	Victim Reside Single Fam	ence Type ily ∏Multi Family	
МО			d or Com											Forcible Yes No	X N/A	We	apon / Tools		
	# of Victims Type															Icohol Use:			
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_			
I		Victim/		Name (Last, First,			ity 🔲 Ouk	21/ (21)	IKIIOW		$\overline{}$	Victim of		3 / Age	Race	<u> </u>	Relationship	Resident Status	
C T	V1 DATA OMITTED																To Offender	☐ Resident ☐ Non-Resident	
I M ·									1,						Unknown				
	Home Address DATA OMI									ГТЕD						Home Phone			
•	Employer Name/Address DATA OMI									TTED						Business Phone			
	VYR	Color Lic/Lis Vin						Vin											
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)																		
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	odel S	erial Number	
- - P - R	"													ATA OMITTED					
					_												IN	FOR NFORMATION	
					\dashv													SECURITY	
0																		PURPOSES	
Р ⁻ Е -																			
R T					-													NLY THE FIRST LVE PROPERTY	
Y -					\dashv												IWEI	ITEMS ARE	
-																	D	ISPLAYED ON	
_																	I	P2C REPORTS	
-					\Box														
	Numb		ehicles S	tolen 0		nber Vehi	cles Recovere Officer Sig		0 re				1	Supervisor	Signati	ıre			
ID	MAGER, G. J. (16098)								ficer Signature Supervisor Signature KRAWCZYK, I								K. (14788)		
	Comp	lainant	Signatur	e	Case Status		estiga	tion		Case Dispos		□ Loc	ated		□ Ext	radition Declined			
Status							☐ Closed	tive /Clea	ared			☐ Cleared	by A	rest E	Refuse other Ag	gency	looperate	Page 1	