| I N | Agenc | y Name | | STON-SALEN | OLICE | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2411857 | | | | | |
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| I C | ORI | NC | NC 02 | 10200 | | | 1 | REPORT | | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | |
| D E | | | NC 034 | | | | │ │ │ │ │ │ │ Att │ At Found │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ | | | | | | | | Day Yr Last Known Secure S M T W T F: Month Day Yr Time Time Time Time Time Time Time Tim | | | | |
| N T | #1 | Jillio II | nerdent(s | , Discharging F | irea | ırm. | | _ | Com | Month 04 | D | | | ime 3:08 Hrs | | | 05 2024 | Time | |
| D . | #2 | Crime I | ncident | Discreas Sing 1 | | | | _ | Att | | _ | Incident | + 23 | 0.00 | <u> </u> | 10 | | Offense Tract | |
| A | ☐ Com 112 E Devonshire St, Winston-saler | | | | | | | | | | | | | | | | | 311 | |
| T A | #3 | Crime I | ncident | | | | | | Att Com | Premise | Тур | pe | | | | - 1 | Victim Resider Single Fami | nce Type ly ∏Multi Family | |
| МО | | | d or Con MITTEI | | | • | | | | | Forcible Yes No | X N/A | We | apon / Tools | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | lcohol Use: | | | |
| | 1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No NA | | | | | | | | | | | | | | | _ | | | |
| V I | | Victim/ | | Name (Last, First, | | | ity U Otne | er/Un | iknow | 'n _ | | ternal Victim of | | scious [| Race | | | □N/A Resident Status | |
| C T | V1 | | | | | | | | | | | | | | 14400 | Jen | To Offender | ☐ Resident | |
| I | | | DA | ΓA OMITTED | | | | | 1, | | | | | | ☐ Non-Resident | | | | |
| М - | Home Address DATA OMI' | | | | | | | | | ГТЕО | | | | | | Home Phone | | | |
| • | Employer Name/Address DATA OM | | | | | | | | TTED | | | | | | | Business Phone | | | |
| • | VYR | Color Lic/Lis Vin | | | | | | | Vin | | | | | | | | | | |
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| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered for other | D = 1 r juri | Damaged isdiction) | Z = Seized | B = | Burn | ed C= | Cou | ınterfeit / F | orged | F = Foun | d | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | e/Mo | odel Se | rial Number | |
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| Т Ү - | | | | | _ | | | | | | | | | | | | | VE PROPERTY | |
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| | | | ehicles S | | | nber Vehi | cles Recovere | | 0 | | | | | | | | | | |
| ID | Office: | r LOR. | B. T. (| ID 16255) | Officer Sig | natui | re | | | | | Supervisor GRIFF | | | | | | | |
| | | lainant | | Case Status | s Case Disposition: | | | | | | RIFFIN, B. K. (15429) | | | | | | | | |
| Status | | | | | ☐ Further X Inact | ner Investigation Unfounded Locate | | | | | | ated Refuse | e to C | Extr | adition Declined | | | | |
| Status | | | | | | | Closed | Closed/Cleared Cleared by Art | | | | | | Arrest Refuse to Cooperate Arrest by Another Agency Finder Prosecution Declined Page 1 | | | | | |