| I N | Agenc | y Name | | NSTON-SALEN | INCIDENT/INVESTIGATION | | | | | | | | OCA 2411991 | | | | | | |
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| C | ORI | NG | | | - | REPORT | | | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | | | |
| D E | 10 | | NC 034 | | | L TAN LATEOURA Lel 에 귀 때 귀 되 el | | | | | | | 04 07 2024 06:53 Hrs. | | | | | | |
| N T | #1 | Jimic I | nerdent(s | , Suspicious V | Att At Found S M T W T F S Month Day Yr Time At Found S M T W T F S Month Day At Found At Fo | | | | | | | Month Day Yr Time | | | | | | | |
| D D | #2 | Crime I | ncident | Suspicious v | | | | | - | Location | <u> </u> | | 100 | 1.33 1115 | <u> </u> | (| 77 2024 | Offense Tract | |
| A | Com 2299 Dunbar St/eldora St, Winston | | | | | | | | | | | | | | | | | 223 | |
| T A | #3 | rime i | ncident | | | | | | Att Com | Premise | ype | | | | | | Victim Resid | ence Type ily | |
| МО | | | d or Com | | Forcible ☐ Yes ☐ No | | | | | | Weapon / Tools | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | | |
| ** | 0 | | | ciety Governm | ent | □F | inancial Instit | | .l.m.ovv | . – | | n Bones | | □ Severe | | | | es Unknown | |
| V I | | Victim/ | | Name (Last, First, | | | uty Otne | er/Un | iknow | n | | al 🔲 l | | S / Age | Other | | | | |
| C T | V1 | | | ΓΑ OMITTED | | | | | | | Crin | | | . 8 | | | To Offender | | |
| I M | | | DA | IA OMITIED | | | | | | | | | | | ☐ Unknown | | | | |
| 171 | Home Address DATA OMI' | | | | | | | | | ГТЕD | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | | | Business Phone | | | |
| 1 | VYR | M | Model | Color Lic/Lis Vin | | | | | | | Vin | | | | | | | | |
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| Status Codes | | | | | | | | | | | | | | | | | | | |
| | Victim | | Status | Value | | Property Description | | | | | | | Mak | Make/Model Serial Number | | | | | |
| , | " | | | | | | 0 BLK/BLK NC | | | | | | | | NISS Al | | | ATA OMITTED | |
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| | | | ehicles S | - | | nber Vehi | cles Recovere | | 0 | | | | , | Cumamilia | Ciar- | 180 | | | |
| ID | Office SHC | | KER, T | T. G. (16282) | Officer Sig | Officer Signature Supervis | | | | | | | | or Signature MP, J. K. (14922) | | | | | |
| | Comp | lainant | Signatur | e | | | Case Status | us Case Disposition: | | | | | | □ Loc | ated | | □ Ev | tradition Declined | |
| Status | | | | | Inact | tive Cleared by Arrest [| | | | | | rest _ |] Refuse | to C | ooperate | a auruon Decilied | | | |
| | | | | | | | | ed/Cleared | | | | | | | y Another Agency Prosecution Declined Page 1 | | | | |