| I N | Agenc | y Name | | ISTON-SALEN | OLICE | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2412032 | | | | | | |
|--|---|-----------|-----------------------|-------------------------|--|--------------------|-------------------------------------|--------------|------------|------------|----------------|-----------------------------|--|-------------------|--|---|-----------|-------|-------------------------|--|
| C | ORI | NC | NC 02 | 10200 | | | | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | 10 | | NC 034 | | Att At Found SMTWTFS Month Day Yr Time | | | | | | | | Day 17 Time 17 W T F S 18 Time 18 W T W T F S 18 W T T T T T T T T T T T T T T T T T T | | | | | | | |
| N T | #1 | Jillio II | iciaciii(s | , Death Investi | gati | ion | | ı — | Com | Month 04 | D | | | ime 3:02 Hrs | | | | Yr 🗀 | Time 13:01 Hrs | |
| D . | #2 | Crime I | ncident | Beam Investi | 8000 | | | | _ | | | Incident | f 13 | 0.02 1115 | 3 <u>04</u> | |)/ 20 | | Offense Tract | |
| Α | □ Com 442 E Clemmonsville Rd, Winston-s | | | | | | | | | | | | | | | | | | 212 | |
| T A | #3 | Crime I | ncident | | | | | | Att Com | Premise | Typ | be | | | | - 1 | Victim R | | ce Type y | |
| МО | | | d or Com | | Forcible ☐ Yes ☐ No | | | | | | Weapon / Tools | | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | cohol Use: | | | | |
| | O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | _ | | | | |
| V I | | Victim/ | | - | | | ity 🔲 Othe | er/Un | iknow | 'n 📗 | | ternal Victim of | | | - | r Major No N/A Sex Relationship Resident Status | | | | |
| C T | V1 | | | | | | | | | | | | | | Racc | БСЛ | To Offe | ender | ☐ Resident | |
| I | ` - | | DA | ΓA OMITTED | | | | | | | | | | | ☐ Non-Residen ☐ Unknown | | | | | |
| M | Home Address DATA OMI' | | | | | | | | | LL FTED | | | | | | Home Phone | | | | |
| | Employer Name/Address DATA OM | | | | | | | | | | | | | | | Business Phone | | | | |
| | VYR | M | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column i | R = Recovered for other | D = er jur | Damaged isdiction) | Z = Seized | B = | Burn | ed C= | Cou | ınterfeit / F | orged | F = Foun | d | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mal | ce/Mo | odel | Sei | ial Number | |
| P - R - O | | | | | | | | | | | | | | DA | TA OMITTED | | | | | |
| | | | | | | | | | | | | | | | | | | INI | FOR FORMATION | |
| | | | | | \dashv | | | | | | | | | | | | | | SECURITY | |
| | | | | | \dashv | | | | | | | | | | | | | | PURPOSES | |
| P : E : | | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | | LY THE FIRST | |
| T Y | | | | | _ | | | | | | | | | | | | T | | /E PROPERTY | |
| | | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | | | SPLAYED ON C REPORTS | |
| • | | | | | \dashv | | | | | | | | | | | | | | | |
| | Numb | er of V | ehicles S | = | | mber Vehi | cles Recovere | d | 0 | | | | | | | | | | | |
| ID | Office RIV | | RNAN | ID DEZ, G. A. (162 | | Officer Sig | Officer Signature Supervisor | | | | | | | | | | | | | |
| ID | | | Signatur | | Case Status | | | | | | | DAMINI | RNES, L. S. (15657) | | | | | | | |
| Status | * | | - | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive /Clea | ared | | | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded by Aı by Aı | Test by Ander | Refuse ther Ag | gency | cooperate | · _ | Page 1 | |