I N	Agenc	y Name		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2412206								
I C	ORI	NC	NC 034	10200		1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E			ncident(s		☐ Att At Found S型TWTFS Month Day Yr Time						$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$								
N T	#1			Assault-non Agg	ı —	Com	Month 04	D			lime 0:45 Hrs	1		Day Yr 🖵	Time 19:44 Hrs.				
D .	#2		ncident			ı —	Att	Location	n of	Incident						Offense Tract			
A T																	Victim Resider	312	
A	#3	Jime I	nerdent				Com						☐ Single Family ☐ Multi Family						
МО			d or Com MITTED						•					Forcible Yes	X N/A	We	apon / Tools		
	□ No															cohol Use			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I		Jictim/		igious L.E. Off Name (Last, First,			ity 🔲 Othe	er/Ur	nknow	n _		ternal Victim of		nscious B / Age	Other		r 🛛 🔀 No Relationship	□N/A Resident Status	
C T	V1	v ictiiii/		ΓA OMITTED	wiide	iie)						Crime #	DOI	38	Race	sex	To Offender	☐ Resident	
I	` -	DA					1,			$\mid w \mid$	F	1OF	Non-Resident ☐ Unknown						
М -	Home Address DATA OMIT									TTED						Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
	VYR	Color Lic/Lis Vin						Vin											
		<u> </u>							<u> </u>										
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_	DATA OMITTED																		
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L																			
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D																			
a	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Status Codes	(Chec	k "OJ"	= Stolen column i	f recovered for other	D = er jur	risdiction)	Z = Seized	В=	= Burr	ied C =	Cou	interfeit / F	orged	F = Found	1				
	Victim # DCI Status Value OJ QT							perty	rty Description					Mak	ce/Mo	del Se	rial Number		
- - P - R													DA	TA OMITTED					
																	IN	FOR FORMATION	
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0																		PURPOSES	
Р ⁻ Е -																			
R T					_													LY THE FIRST VE PROPERTY	
Y ·																		ITEMS ARE	
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-		2.7	1., ~		\Box		1 5	1											
	Numb		ehicles S	tolen 0		mber Vehi	cles Recovere Officer Sig		0 re				1	Supervisor	Signati	ure			
ID	НОС	CHMU	<i>JTH</i> , <i>B</i> .		REYNOLDS, S. A. (15618)														
	Comp	ainant	Signatur	e	Case Statu		Case Disposition: Investigation Unfounded Located Extradition D								adition Declined				
Status					ive	ve Cleared by Arrest Refuse to Cooperate							2 conned						
							☐ Closed		Cleared Cleared by Arrest by Another Agency Leads Exhausted Death of Offender Prosecution Declined Pa							Page 1			