| I N C I D E | Agen | cy Nam | | NSTON-SALE | POLICE | | INCIDENT/INVESTIGATION | | | | | | | | OCA 2412497 | | | | | |
|--|---|---|--------------------|-------------------------------------|--------|-------------------|------------------------|-----------|-------|-------------|-----|----------------------|-------|---|---------------------|--------------------|-------------------|-------------------------------|--|--|
| | ORI | | | | | _ | | | REF | o | RT | | - | Date / Mont | Time l | Reported Day Yi | SMTWIFS Time | | | |
| | | | NC 034 | | | | Att At Found SMTW∃FS | | | | | | | 04 11 2024 00:46 Hrs. Last Known Secure Month Day Yr Time | | | | | | |
| N T | #1 | | | , Assault-non Ag | gra | vated As | sault | | | Month 04 | | ay 'Yr | | lime | | | ay Yr ! 2024 | Time | | |
| D I | $\square Att Location of Incident$ | | | | | | | | | | | | | | 04 | | 2024 | Offense Tract | | |
| A T | Crime Insident Com 4014 N Cherry St, Winston-sale | | | | | | | | | | | | | | | | | 113 lence Type | | |
| A | #3 | Chine | ncident | | | | remise | тур | ie | | | | | | nily □Multi Family | | | | | |
| МО | | | d or Con MITTEI | | | | | | | | | | | Forcible | ∑ N/A | Weaj | pon / Tools | 3 | | |
| V I | # of Victims Type X Person Business Injury None X Minor Loss of | | | | | | | | | | | | | | | | | | | |
| | 1 | | | ciety 🔲 Governr ligious 🔲 L.E. O | | | Financial Instit | | nown | | - | oken Bone ernal 🔲 | | Severe | Lacerat Other | | | Yes □Unknown No □N/A | | |
| | Victim/Business Name (Last, First, Middle) Victim of DOB / Age | | | | | | | | | | | | | | Race | Sex I | Relationshi | p Resident Status | | |
| C T | V1 | | DA | TA OMITTED | | | | | | | | Crime # | | 53 | | | To Offende | r ⊠ Resident □ Non-Residen | | |
| I M· | | | | | | | | | | | | 1, | | | W | <i>M</i> | | Unknown | | |
| | Hom | e Addro | ess | | | Γ | DATA OMI | ГТЕГ |) | | | | | | | Home | e Phone | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | TTED | | | | | | | Business Phone | | | |
| | VYR | | ake | Model | Color | Color Lic/Lis Vin | | | | | | | I | | | | | | | |
| R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status | L = I | Lost S | = Stolen | R = Recovered | D = | Damaged | Z = Seized | B = I | Burne | d C = | Cou | nterfeit / F | orged | F = Found | d | | | | | |
| Codes | | | | | | | | | | | | | | | | | | | | |
| - - - P - | # | DCI 20 | Status OTHE | Value | CASH | Prop | erty I | Descripti | ion | | | | Mak | e/Mod | | Serial Number | | | | |
| | 1 | 25 | OTHE | WALLET | | | | | | | | | | L | FOR | | | | | |
| | 1 | 20 | OTHE | CASH | | | | | | | | | | 1 | INFORMATION | | | | | |
| R | | | | | | | | | | | | | | | | | | SECURITY | | |
| О Р- | | | | | | | | | | | | | | | | | | PURPOSES | | |
| Е- | | | | | | | | | | | | | | | | | | ONLY THE FIRST | | |
| R T | | | | | | | | | | | | | | | | | | ELVE PROPERTY | | |
| Y · | | | | | | | | | | | | | | | | | | ITEMS ARE | | |
| | | | | | | | | | | | | | | | | |] | DISPLAYED ON | | |
| - | | | | | | | | | | | | | | | | | | P2C REPORTS | | |
| - | Num | ber of V | ehicles S | Stolen () | Nu | mber Veh | icles Recovere | d (|) | | | | | | | | | | | |
| | Office | er | | I | D# | | Officer Sig | . 0 | | | | | | Supervisor | Signati | ire | (1=<>>: | | | |
| ID | | | | <u>R. (16219)</u> e | | | Case Statu | s | | | | ase Dispos | ition | WILLIA | AMS, I | K. A. | (15631) | | | |
| Status | Com | □ Further Investigation □ Unfounded □ Loc | | | | | | | | | | | | | Refuse to Cooperate | | | | | |
| | | | | | | | | | | usted | | \square Death o | | | | | Declined | Page 1 | | |