| I N | Agenc | y Name | | NSTON-SALEN | — 1 Р | OLICE | IN | ICIDENT/INVESTIGATION | | | | | | OCA 2412546 | | | | | | |
|-----------------------|---|-------------------|--------------------|----------------------|----------|------------------|---|-----------------------|------------|-------------------------------|---------------|------------------------|----------------------|---------------------------------------|---------------|----------------|---------------------|-----------|-------------------------|--|
| C · | C ORL REPORT | | | | | | | | | | | | | | Date / Mon | Time | e Reported | S Yr | M T W T F S | |
| D E | 10 | | NC 034 | | | Att At Found S M | | | | | | | 04 | | II:20 Hrs | | | | | |
| N T | #1 | | |) vice-non Crimin | al C | Call For | Service | _ | Com | Month 04 | Da | | | <u>∓</u> F S Time 1:20 Hrs | | | vn Secure Day Yi | . — | Time 11:19 Hrs | |
| D . | #2 | | ncident | rice non Crimin | | | Service | _ | Att | Location | | | <i>†</i> <i>11</i> | .20 1111 | 31 04 | | 11 20. | | ffense Tract | |
| A | | · · · | | | | | | _ | Com | | | | , Wir | ston-sale | em NC | | | | 314 | |
| T A | #3 | rime I | ncident | | | | | | Att Com | Premise ' | 1 ype | е | | | | | Victim Re | | ce Type ⊓Multi Famil | |
| МО | | | d or Con MITTEI | | | | Forcible Yes | | | | | | Weapon / Tools | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | ohol Use: | | | | |
| | O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unkno | | | | | | | | | | | | | | | _ | | | | |
| V I | | Victim/ | | Name (Last, First, | | | ity Othe | er/Un | iknow | 'n 📗 | $\overline{}$ | ernal /ictim of | | scious [| Other | <u> </u> | | No hin | □N/A Resident Status | |
| C T | V1 DATA OMITTED | | | | | | | | | | | | | | | 50.1 | To Offen | der | ☐ Resident | |
| I M | | | DA | IA OMITTED | | | | | | | | | | | | | | | ☐ Non-Resider ☐ Unknown | |
| IVI · | Home | Addre | ss | | ATA OMI | ITTED | | | | | | | | Home Phone | | | | | | |
| • | Employer Name/Address DATA C | | | | | | | | | | | | | | | Business Phone | | | | |
| | VYR | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | | | | |
| | | <u> </u> | | 1 | | | | | <u> </u> | | | | | | | | | | | |
| O | | | | | | | | | | | | | | | | | | | | |
| T H | | | | | | | | | | | | | | | | | | | | |
| E | E | | | | | | | | | | | | | | | | | | | |
| R S | | | | | | | | | | | | | | | | | | | | |
| | | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| I N | | | | | | | | | | | | | | | | | | | | |
| V O | | | | | | | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | | | | | | |
| V E | | | | | | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | | |
| | Victim # DCI Status Value OJ (| | | | | QTY | | Property Description | | | | Mal | ke/Model | | | al Number | | | | |
| P - R - O | | | | | | | | | | | | | | DAT | TA OMITTED | | | | | |
| | | | | | | | | | | | | | | | | | | INF | FOR FORMATION | |
| | | | | | | | | | | | | | | | | | | | SECURITY | |
| | | | | | | | | | | | | | | | | | | F | PURPOSES | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | TDV) | | Y THE FIRST | |
| T Y | | | | | - | | | | | | | | | | | | 1 V | | E PROPERTY TEMS ARE | |
| - | | | | | | + | | | | | | | | + | | | | | PLAYED ON | |
| - | | | | | | | | | | | | | | | | | | P2 | C REPORTS | |
| - | | | | | \Box | | | | | | | | | | | | | | | |
| | Numb | | ehicles S | tolen 0 | | nber Vehi | cles Recovere Officer Sig | | 0 re | | | | - 1 | Supervisor | Sjønat | ure | | | | |
| ID | LEA | | RUF | | | | | | | or Signature F, K. G. (15096) | | | | | | | | | | |
| | Comp | ainant | Signatur | e | | | Case Status | | estiga | tion | | ise Dispos ☐ Unfoun | | □ Loc | ated | | | Extra | dition Declined | |
| Status | | | | | | Inact | ☐ Cleared by Arrest ☐ Refuse to Coopera Closed/Cleared ☐ Cleared by Arrest by Another Agency | | | | | | ooperate | | | | | | | |
| | | | | | | | ☐ Closed | | | hausted | | | | nder ⊏ | | | | | Page 1 | |