| I N | Agenc | y Name | e WIN | NSTON-SALEN | OLICE |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2412559 | | | | | | |
|--|---|----------|--------------------|--------------------------------------|---------------------------------------|--------------------|-------------------------------------|---|------|-------------------|------|--|--|--------------------------------|----------------------|--|---------|--------------------|--------------------|------------|
| I C | | | | | | | | | | | | | | | Date / Mon | nte / Time Reported S M T W I F S Ionth Day Yr Time | | | | |
| D E | | | ncident(s | | │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ | | | | | | | | 04 11 2024 12:51 Hrs Last Known Secure S M T W T F S | | | | | | | |
| N T | #1 | | | | | | | Att At Found SMTWIFS Month Day Yr Time X Com 04 11 2024 12:51 1 | | | | | | | | Month Day Yr Time | | | | |
| D. | Crime Incident | | | | | | | | | | | | | | | | | | Offense Trac | Hrs. ct |
| A T | Colors Institute | | | | | | | | | | | | | | | | | Pasidan | 224 | |
| A | #3 | Jillie I | ncident | | ☐ Att Premise Type ☐ Com | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | | | | |
| МО | | | d or Con MITTEI | | | | | <u>'</u> | | | | | Forcible Yes | X N/A | | eapon / ' | Tools | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | own | | | | |
| V I | | 7 | | ligious L.E. Off | | | ity 🔲 Othe | er/Un | know | n [|] In | nternal | | rscious [| Other | Majo | or | □No | | |
| C | Crime # | | | | | | | | | | | | | | Race | Sex | | onship fender | Resident S Resider | nt |
| T I | V1 DATA OMITTED | | | | | | | | | | | | | | | | | | □ Non-Re | |
| М - | Home Address DATA OMITTED | | | | | | | | | | | | | | | Home Phone | | | | <u>~11</u> |
| | Employer Name/Address DATA O | | | | | | | | | | | | | | | Business Phone | | | | |
| | VYR | M | | | | | | | Vin | | | | | | | | | | | |
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| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column | R = Recovered if recovered for other | D = l r juri | Damaged isdiction) | Z = Seized | В= | Burn | ed C= | = Co | unterfeit / I | orged | F = Four | ıd | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mal | ce/Mo | odel | Sei | rial Number | |
| - - P - R | | | | | | | | | | | | | | DA | TA OMITT | ED | | | | |
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| | | | ehicles S | - | | nber Vehic | cles Recovere | | 0 | | | | - | Cur ····· | . C: | | | | | |
| ID | Office: | | N. (16. | ID 119) | Officer Sig | | | | | | | | or Signature <i>DON</i> , <i>J. G.</i> (15435) | | | | | | | |
| | Complainant Signature Case Stat | | | | | | | | | Case Disposition: | | | | | | | | _ D | dide D | lin - 1 |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive /Clea | ıred | | | | l by Ai l by Ai | Loc rrest rrest by Ander |] Refuse other Ag | gency | Coopera | te | Page 1 | ined |