| I N | Agenc | y Name | | ISTON-SALEN |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2412856 | | | | | | | |
|--|---|-----------------------|----------------------|------------------------------------|--|--------------------------------|-------------------------------------|--------------|--|-------------------|----------------|--------------------|--|--------------------------------|--|----------------|----------|------------|----------------------------|--|
| I C | ORI | NC | NC 02 | 10200 | | | 1 | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | | | NC 034 | | Att At Found SMTWTFS Month Day Yr Time | | | | | | | | Day IT Time 04 13 2024 14:02 Hrs Last Known Secure S M T W T F Month Day Yr Time | | | | | | | |
| N T | #1 | Jillio II | | , Legal Process , | Serv | vices | | _ | Com | Month | ı J | | | lime 4:02 Hrs | | | | Ýr 🗀 | Time 14:01 Hrs | |
| D . | #2 | Crime I | ncident | 208011000000 | 3011 | 1005 | | | Att | | | f Incident | 4 14 | 1.02 1111 | 3 04 | | 13 2 | | Offense Tract | |
| A | | | | | | | | _ | Com 1426 Hattie Av, Winston-salem NC 27105 | | | | | | | | | | 222 | |
| T A | #3 | Crime I | ncident | | | | | | Att Com | Premis | е Ту | pe | | | | - 1 | | | ce Type y ∏Multi Family | |
| 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 Unknown | | | | | | | | | | | | | | | _ | | | | |
| V I | | Victim/ | | Name (Last, First, | | | ity U Otne | er/Ur | ıknow | 'n | <u> </u> | ternal Victim of | | scious [| Other Race | | | □ No | □N/A Resident Status | |
| C T | V1 | | | | | , | | Crime # | | | | | 3 / 11ge | 111100 | Sen | To Off | fender | ☐ Resident | | |
| I | | | DA | ΓA OMITTED | | | | | | | | | | | | | | | ☐ Non-Residen ☐ Unknown | |
| М - | Home Address DATA OMIT | | | | | | | | | TTED . | | | | | | Home Phone | | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | | | Business Phone | | | | |
| | VYR | 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 frecovered for other | D = l r juri | Damaged isdiction) | Z = Seized | B = | = Burn | ied C: | = Co | unterfeit / I | Forged | F = Foun | ıd | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | | Pro | perty | Descrip | tion | | | | Mal | ce/Mo | odel | Sei | rial Number | |
| P - R - O | | | | | | | | | | | | | | DA | TA OMITTED | | | | | |
| | | | | | \dashv | | | | | | | | | | | | | IN | FOR FORMATION | |
| | | | | | \dashv | | | | | | | | | | | | | | SECURITY | |
| | | | | | \neg | | | | | | | | | | | | | | PURPOSES | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | | LY THE FIRST | |
| T Y | | | | | _ | | | | | | | | | | | | | | VE PROPERTY | |
| | | | | | _ | | | | | | | | | | | | | | SPLAYED ON | |
| - | | | | | _ | | | | | | | | | | | | | | C REPORTS | |
| - | | | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | | | nber Vehic | cles Recovere | | 0 | | | | | | | | | | | |
| ID | Office: FLA | | 1N. T. 1 | W. (16217) | Officer Sig | Officer Signature Supervisor S | | | | | | | | | Signature VS, A. B. (14763) | | | | | |
| ii) | Complainant Signature Case Statu | | | | | | | | | Case Disposition: | | | | | | | | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive /Clea | ared | | | | l by Ai l by Ai | Loc rrest rrest by Ander |] Refuse other Ag | gency | Cooperat | te | Page 1 | |