| I N | Agenc | y Name | win |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2413185 | | | | | | | |
|--|---|--|----------------------|------------------------------------|------------------------|--------------------------------|--|------------------------|-------|--------------------|-----------------|---------------------------------|---|---------------------------|-------------------|---|---------------|-----------------------|--|
| C | ORI | NC | NC 03/ | 10200 | | REPORT | | | | | | | Date / Time Reported SMIWTFS Month Day Yr Time | | | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | ☐ Att | | | | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | |
| N T | #1 | | | Aggravated A | ssai | ılt | | ı — | Com | Month 04 | | | | ime 1:24 Hrs | | | | Time 10:23 Hrs. | |
| D | #2 | Crime I | ncident | | | | | | | | f Incident | | | | • | 105 | Offense Tract | | |
| A T | Colora Institute | | | | | | | | | | | | | nston-sale | m NC | | Victim Resid | 222 ence Type | |
| A | #3 | | | | | | | | Com | | | | | | | | | nily □Multi Family | |
| МО | | | d or Com | | | | | | | | | Forcible Yes No | X N/A | We | apon / Tools | | | | |
| v | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | |
| | 1 | | | ciety Government Gious L.E. Off | | | inancial Institution Instituti | | ıknow | | _ | roken Bone nternal \square | | Severe | Lacera Other | tions Majo | | es □Unknown Io □N/A | |
| I C | | Victim/ | Business | Name (Last, First, | | | | | | | B / Age Race Se | | | Relationshi To Offende | Resident Status | | | | |
| T I | V1 DATA OMITTED | | | | | | | | | | | | | 65 | $\mid_{B}\mid$ | $_{F}$ | | ☐ Non-Resident | |
| M | Home | Addre | ss | | | | | | 1, | | | D | | 1AQ,2A | Unknown | | | | |
| | DATA OM | | | | | | | | | TTED | | | | | | | | | |
| | Emplo | oyer Na | me/Addı | ATA OMI | ΓA OMITTED | | | | | | | Business Phone | | | | | | | |
| , | VYR | M | ake | Model | Sty | yle | Color | | Lic | c/Lis | | | | 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 = I r juri | Damaged sdiction) | Z = Seized | B = | Burn | ed C= | : Co | unterfeit / F | orged | F = Found | il | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | ce/Mo | | Serial Number | |
| - - P - R _ | | | | | | | | | | | | | D | ATA OMITTED FOR | | | | | |
| | | | | | + | | | | | | | | | | | |] | NFORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
| O P . | | | | | _ | | | | | | | | | | | | | PURPOSES | |
| E · | | | | | + | | | | | | | | | | | | C | NLY THE FIRST | |
| R T | | | | | \dashv | | | | | | | | | | | | | LVE PROPERTY | |
| Y | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | | DISPLAYED ON | |
| | | | | | \dashv | | | | | | | | | | | | | P2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Nun | nber Vehic | cles Recovere | d | 0 | | | | | Í | | | | | |
| ID | Office | r | | T. (15271) | Officer Sig | Signature Supervisor Signature | | | | | | | | | | | | | |
| ID | Comp | Case Status | | | | | | | | KER, M. J. (15308) | | | | | | | | | |
| Status | P | | G | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | r Inve ive /Clea | ared | | | ☐ Unfoun ☐ Cleared ☐ Cleared | ded by Ai by Ai | Locarrest rest by Ano | Refuse ther Ag | gency | ooperate | Page 1 | |