I N	Agenc	y Name		ISTON-SALEN	INCIDENT/INVESTIGATION							OCA 2413645									
I C	ORI	NC	NC 03/	10200			REPORT								Date / Time Reported S M T W T F S Month Day Yr Time						
D E		NC NC 0340200 Crime Incident(s)								Att At Found SMTWTFS Month Day Yr Time								Day 17:me 17:24 Hrs. Last Known Secure SMTWTFS Month Day Yr Time			
N T	#1			, Discharging F	'ireai	rm		_	Com	Month 04	D			Time $7:24$ Hrs				Time 17:23 Hrs.			
D.	#2	Crime I	ncident						\rightarrow	Location			+ 1/	.24 1111	7 04	1	9 2024	Offense Tract			
A		~ · · ·	.1.						Com				d/nb	421_jone	stown			324			
T A	#3	rime I	ncident					☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family						
МО			d or Com MITTEI			Forcible Yes No						Weapon / Tools									
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:					
V	1			ciety Government Gious L.E. Off			inancial Institu		know	. –		oken Bone ternal 🔲		Severe	Lacerar Other		. –	es Unknown			
I		Victim/		Name (Last, First,			пу 📙 оппс	, O II.	KIIOW	<u>" </u>	_	Victim of		3 / Age	Race		Relationship	Resident Status			
C T	V1		DA	ΓA OMITTED	Crime #								To Offende	Resident Non-Resident							
I M ·			DA	IA OMITTED								1,						☐ Unknown			
111	Home Address DATA OM								TTED							Home Phone					
•	Emplo	me/Addi	ATA OMI	OMITTED								Business Phone									
•	VYR	M	ake	Model	Sty	le	Color		Lic	:/Lis				Vin							
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim		Status		QTY		Pro	nerty	Descriptio	On.				Mak	e/Mo	del 9	erial Number				
- - P -	#	# DCI Status Value OJ QTY Property Description							IVIAN	C/ 1V1C		ATA OMITTED									
																		FOR			
																	I	NFORMATION SECURITY			
R O					-													PURPOSES			
Р -																					
E - R ₋																	O	NLY THE FIRST			
T Y																	TWE	LVE PROPERTY			
					_													ITEMS ARE DISPLAYED ON			
-					+	_												P2C REPORTS			
-					_																
_			ehicles S	-		ber Vehic	cles Recovere		0												
ID	Office:		S. C. J.	ID (15385)		Officer Sig	Officer Signature Supervisor Signature MCKAUGHAN, A. M. (14884)														
עו	DAWKINS, C. J. (15385) Complainant Signature Case S															(OHAIV, A. IVI. (14004)					
Status	-						☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red]	☐ Unfoun ☐ Cleared ☐ Cleared	ded by Ai by Ai	Loc crest crest by Ander	Refuse other Ag	gency	ooperate [Page 1			