| I N | Agenc | y Name | e WIM | NSTON-SALEN | CIDENT/INVESTIGATION | | | | | | OCA 2423365 | | | | | | | | | |
|--|--|-----------|------------|-------------------------------------|----------------------|--|-------------------------------------|-----------------------------|--|-------------|--|----------------------------|-----------------------|-------------------------|-----------------------|--------------|-----------------------------|---------------------------|--|--|
| C I | ORI | | | | REPORT | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | | | | | | | |
| D E | | | NC 034 | | | | | l — l AAR I — l Cl Martinia | | | | | | | 07 01 2024 13:. | | | | | |
| N | #1 | rime I | ncident(s |) ning Money By . | Ealas Dustanas | | | | Att At Found S M T W T F Month Day Yr Time X Com 06 29 2024 21:00 | | | | | | | | Day Yr | Time | | |
| T . | #2 | Crime I | ncident | ning Money by | rais | se Freiei | nse | | Att | 06 Location | | 9 2024 Incident | 4 21 | 1:00 Hrs | 06 | | | 15:00 Hrs. Offense Tract | | |
| D A | □ Com 4664 Styers Ferry Rd, Winston-so | | | | | | | | | | | | | | | NC | | 324 | | |
| T A | #3 | Crime I | ncident | | | | | | Att | Premise | Тур | pe | | | | | Victim Reside | • • | | |
| | How A | Attacke | d or Com | nmitted | | | | | Com | | | | | Forcible | | | Single Fami apon / Tools | ly ∏Multi Family | | |
| MO | | | | | | | | | | | | | | ☐ Yes | | | | | | |
| | # of V | ictims | Туре | | П | Business | | | | Injur | y | X None | ПΝ | _ | Loss o | f Tee | th Drug/A | lcohol Use: | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown | | | | | | | | | | | | | | | | | | | |
| V I | | Victim | | igious L.E. Off Name (Last, First, | | | uty Othe | er/Ur | ıknow | n _ | | ternal Victim of | | nscious B / Age | Other Race | | | N/A Resident Status | | |
| C T | V1 | v ictiii/ | | | | | | | | Crime # | DOI | 71 | Race | sex | To Offender | | | | | |
| I | 1 | DA | ΓA OMITTED | | | | | 1, | | | $\mid w \mid$ | M | 1RU | ☐ Non-Resident☐ Unknown | | | | | | |
| M | Home | Addre | ess | | TED | | | | | | Home Phone | | | Chknown | | | | | | |
| | Emple | over Na | me/Add | DATA OMITTED | | | | | | | | | | | Business Phone | | | | | |
| | Employer Name/Address DATA OMI' | | | | | | | | | | | | | | | | Business I none | | | |
| | VYR | M | ake | Model | St | yle | Color | | Lie | c/Lis | | | | Vin | | | | | | |
| T H E R S I N O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | | |
| | Victim | | Status | | | Property Description | | | | | | | Mal | e/Mo | udal Sa | erial Number | | | | |
| | " | | | | | | MONETARY I | ONETARY LOSS | | | | | | | Iviar | C/ IVIO | | TA OMITTED | | |
| P - | | | | | | | | | | | | | | | | | | FOR | | |
| | | | | | _ | | | | | | | | | | | | IN | SECURITY | | |
| R O | | | | | \dashv | | | | | | | | | | | | | PURPOSES | | |
| Ρ. | | | | | \dashv | | | | | | | | | | | | | 1010 0020 | | |
| E · | | | | | | | | | | | | | | | | | ON | ILY THE FIRST | | |
| T Y | | | | | | | | | | | | | | | | | | VE PROPERTY | | |
| 1 . | | | | | _ | | | | | | | | | | | | | ITEMS ARE | | |
| | | | | | | | | | | | | | | | | | | ISPLAYED ON 2C REPORTS | | |
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| | | | ehicles S | - | | nber Vehi | icles Recovere | | 0 | | | | | | | | | | | |
| ID | Office ALL | | . E. (15 | ID 5310) | Officer Sig | natu | re | | | | | Supervisor MATTI | Signati SON | ire G. A | 4. (15167) | | | | | |
| ıν | | | Signatur | | S | MATTISŎN, G. M. (151 Case Disposition: | | | | | | | · · · · · · | | | | | | | |
| Status | - | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive /Clea | ared | | | ☐ Unfoun☐ Cleared☐ Cleared | ded by Ai by Ai | rrest by Ano | Refuse ther Ag | gency | ooperate | Page 1 | | |