| I<br>N  | Agenc  | y Name       |                             | NSTON-SALE          |             | INCIDENT/INVESTIGATION<br>REPORT |   |  |          |          |         |                | OCA 2423620   |                            |  |                                  |                               |  |  |
|---|--|--------------|-----------------------------|---------------------|-------------|----------------------------------|---|--|----------|----------|---------|----------------|---|----------------------------|--|----------------------------------|-------------------------------|--|--|
| C ·   | ORI  |              |                             |                     | OLICE       |                                  |   |  |          |          |         |                | Date / Time Reported S M T W T F S<br>Month Day Yr Time |                            |  |                                  |                               |  |  |
| D   |  |              | NC 034                      |                     |             |                                  |   |  |          |          |         |                | 07   03   2024   13:05 Hrs.                             |                            |  |                                  |                               |  |  |
| E<br>N  | #1   | _rime ii     | ncident(s                   | )<br>Identity I     | Thoft       | L                                |   | Att                                      | M        | onth     | Day 🗍   | r              | Time  |                            |  | y Yr                             | Time                          |  |  |
| Т   | #2   | Crime I      | ncident                     |                     | neji        |                                  |   |  |          | 07       | 03   20 | 24   1         | 2:15  Hrs   | 05                         | 25   | 2024                             | Offense Tract                 |  |  |
| D<br>A  | $\square$ Com 4550 Kester Mill Rd, Winston   |              |                             |                     |             |                                  |   |  |          |          |         |                |   |                            |  |                                  | 323                           |  |  |
| T<br>A  | #3   | Crime I      | ncident                     |                     |             |                                  | Att Cor   |  | emise T  | уре      |         |                |   |                            |  | lence Type<br>nily ∏Multi Family |                               |  |  |
| МО  |  |              | d or Con<br>MITTEI          |                     |             |                                  |   |  | -        |          |         |                | Forcible<br>□ Yes [<br>□ No                             | X N/A                      | Weap   | on / Tools                       |                               |  |  |
| V<br>I  |  |              |                             |                     |             |                                  |   |  |          |          |         |                |   |                            |  | Loss of Teeth Drug/Alcohol Use:  |                               |  |  |
|   | I   Society   Government   Financial Institute   Broken Bones   Seven     I   Religious   L.E. Officer Line of Duty   Other/Unknown   Internal   Unconscious |              |                             |                     |             |                                  |   |  |          |          |         |                |   |                            | ere Lacerations □ Yes □ Unknown<br>□ Other Major □ № □ N/A |                                  |                               |  |  |
|   | Victim/Business Name (Last, First, Middle)   Victim of DOB / Age   |              |                             |                     |             |                                  |   |  |          |          |         |                |   |                            | Sex R  | elationshi                       | p Resident Status             |  |  |
| C<br>T  | V1   |              | DA'                         | TA OMITTED          | 1           |                                  |   |  |          |          | Crime # |                | 46  |                            | T  | o Offende                        | r ⊠ Resident<br>□ Non-Resider |  |  |
| I<br>M  |  |              |                             |                     |             |                                  |   |  |          |          | 1,      |                |   | W                          |  | 1RU                              |                               |  |  |
|   | Home   | e Addre      | SS                          |                     |             | D                                | ATA OMI   | A OMITTED                                |          |          |         |                |   | Home Phone                 |  |                                  |                               |  |  |
|   | Emplo  | oyer Na      | ame/Add                     | ress                | ATA OMITTED |                                  |   |  |          |          |         | Business Phone |   |                            |  |                                  |                               |  |  |
|   | VYR  | M            | ake                         | Color               | I           | lic/Li                           | s   |  |          | Vin      |         |                |   |                            |  |                                  |                               |  |  |
| E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D |  | DATA OMITTED |                             |                     |             |                                  |   |  |          |          |         |                |   |                            |  |                                  |                               |  |  |
| Status  |  |              |                             |                     |             |                                  |   |  |          |          |         |                |   |                            |  |                                  |                               |  |  |
| Codes   | (Chec<br>Victim  |              |                             | if recovered for ot | ner ju      | Ĺ                                |   |  |          |          |         |                |   |                            |  |                                  |                               |  |  |
| -<br>-<br>-   | #  | DCI<br>66    | Status<br>7                 | Value               | OJ          |                                  | DENTITY-IN  |  | <u> </u> | scriptio | n       |                |   | Mak                        | e/Mode   |                                  | Serial Number                 |  |  |
|   | -  |              | ,                           |                     |             |                                  |   |  |          |          |         |                |   |                            |  |                                  | FOR                           |  |  |
|   |  |              |                             |                     |             |                                  |   |  |          |          |         |                |   |                            |  | ]                                | NFORMATION                    |  |  |
| R   |  |              |                             |                     |             |                                  |   |  |          |          |         |                |   |                            |  |                                  | SECURITY                      |  |  |
| O<br>P·   |  |              |                             |                     |             |                                  |   |  |          |          |         |                |   |                            |  |                                  | PURPOSES                      |  |  |
| E ·   |  |              |                             |                     |             |                                  |   |  |          |          |         |                |   |                            |  | 0                                | NLY THE FIRST                 |  |  |
| R.<br>T   |  |              |                             |                     |             |                                  |   |  |          |          |         |                |   |                            |  |                                  | LVE PROPERTY                  |  |  |
| Y ·   |  |              |                             |                     |             |                                  |   |  |          |          |         |                |   |                            |  |                                  | ITEMS ARE                     |  |  |
| -   |  |              |                             |                     |             |                                  |   |  |          |          |         |                |   |                            |  |                                  | DISPLAYED ON                  |  |  |
| -   |  |              |                             |                     |             |                                  |   |  |          |          |         |                |   |                            |  |                                  | P2C REPORTS                   |  |  |
| -   | Numh   | er of V      | ehicles S                   | Stolen 0            | Nu          | mber Vehi                        | cles Recovere   | d 0                                      |          |          |         |                | I   |                            |  |                                  |                               |  |  |
|   | Office   | r            |                             | I                   | D#          |                                  | Officer Sig   |  |          |          |         |                | Supervisor  | Signatu                    | re   | 176)                             |                               |  |  |
| ID  |  |              | . <i>E. (15</i><br>Signatur |                     |             | Case Statu                       | NELSON, S. M. (15176)   Case Status Case Disposition: |  |          |          |         |                |   |                            |  |                                  |                               |  |  |
| Status  | - o.mp   |              |                             |                     |             |                                  | Further   | □ Further Investigation □ Unfounded □ Lo |          |          |         |                |   | Cated Extradition Declined |  |                                  |                               |  |  |
|   |  |              |                             |                     |             |                                  |   |  |          | sted     |         |                |   | Prosec                     |  | eclined                          | Page 1                        |  |  |