I N	Agenc	y Name		NSTON-SALE	POLICE	INCIDENT/INVESTIGATION REPORT							OCA 2423897						
C I D E	ORI				OLICE								Date / Time Reported S M T W T F S Month Day Yr Time						
			NC 034			│ │							07 05 2024 15:30 Hrs. Last Known Secure Month Day Yr Sime						
N T	#1			, 1g Threats -inti	midi	ation No	n Physical	□ Att X Co	M	onth 07	Day Y	r'''	Time 5:30 Hrs	1		y Yr'	Time 15:29 Hrs.		
D I			ncident	18 1111 04115 1111			n'i nysteat			,,	of Incident	4 1.	5.50 115	107	105	2024	Offense Tract		
А	\Box Com 4448 Old Winston Rd, Winston																214		
T A	#3	rime I	ncident					□ Att □ Co		emise I	ype						ence Type nily ⊡Multi Family		
МО			d or Con MITTEI										Forcible	X N/A	Weap	on / Tools			
v															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														re Lacerations □ Yes □ Unknown □ Other Major □ № □ №				
Ι	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Sex R	elationship	p Resident Status		
C T	V1		DA	TA OMITTED							Crime #		25			o Offender	r ⊠ Resident □ Non-Residen		
I M·		A 11									1,			1 1	<i>M</i>	DI	Unknown		
	Home	Addre	SS			D.	ATA OMI	TA OMITTED						Home Phone					
	Emplo	oyer Na	ume/Addi	ress		D.	ATA OMITTED							Business Phone					
	VYR	M	ake	Color	Color Lic/Lis Vin						I								
H E R S I N V O L V E D		DATA OMITTED																	
Status				R = Recovered			Z = Seized	$\mathbf{B} = \mathbf{B}\mathbf{i}$	ırned	C = C	ounterfeit /	Forged	F = Found	d					
Codes P -	Victim			if recovered for oth		Property Description									1 0				
	#	# DCI Status Value OJ QTY						riopenty Description							e/Mode		Serial Number ATA OMITTED		
																	FOR		
																I	NFORMATION SECURITY		
R. O																	PURPOSES		
P ·																			
E- R																0	NLY THE FIRST		
T Y ·																TWE	LVE PROPERTY		
· ·																г	ITEMS ARE		
-																	P2C REPORTS		
_																			
			ehicles S	0		mber Vehio	cles Recovere	. 0						<u> </u>					
ID	Office ALL		L. C. (D#		Officer Sig	Officer Signature Supervisor S GEDDIN								Signature INGS, H. L. (14851)			
Status	Comp	lainant	Signatur	e			Case Status	r Investi ive	0	n	Case Dispo Unfou	nded d by A	rrest 🛛	□ Located □ Extradition Decl est □ Refuse to Cooperate est by Another Agency					
							Closed			isted	□ Cleare □ Death			ther Ag		eclined	Page 1		