| I<br>N   | Agenc  | e WIM                              | , IN               | INCIDENT/INVESTIGATION |  |  |                            |          |            |                | OCA 2424044 |           |   |                   |              |                              |                               |                              |  |
|----------|--|------------------------------------|--------------------|------------------------|--|--|----------------------------|----------|------------|----------------|-------------|-----------|---|-------------------|--------------|------------------------------|-------------------------------|------------------------------|--|
| C        | ORI  | NC                                 | NC 02              | 40200                  |  |  |                            | REPORT   |            |                |             |           |   |                   |              | Date / Time Reported SMTWTFS |                               |                              |  |
| D<br>E   | 10   |                                    | NC 034             |                        | Att At Found SMTWTFS Month Day Yr Time |  |                            |          |            |                |             |           | Day YF Time   O7   O6   2024   20:18 Hrs.   Last Known Secure   S M T W T F S Month Day Yr Time |                   |              |                              |                               |                              |  |
| N<br>T   | #1   | Jimic I                            | nerdent(s          | Discharging F          | irea                                   | ırm.   |                            | _        | Com        | Month 07       | D           |           |   | ime<br>:18  Hrs   |              |                              | 06   2024                     | Time                         |  |
| D .      | #2   | Crime I                            | ncident            | Discharging 1          | 1100                                   |  |                            |          | _          | Location       | _           |           | <del>4</del>   20   | ):10   111s       | <u> </u>     |                              |                               | Offense Tract                |  |
| A        |  |                                    |                    |                        |  |  |                            | _        | Com        |                |             |           | en Ct   | , Winston         | ı-saler      |                              |                               | 214                          |  |
| T<br>A   | #3   | Crime I                            | ncident            |                        |  |  |                            |          | Att<br>Com | Premise '      | Тур         | pe        |   |                   |              | - 1                          | Victim Reside<br>☐Single Fami | nce Type<br>ly ∐Multi Family |  |
| МО       |  |                                    | d or Con<br>MITTEI |                        |  |  | Forcible ☐ Yes ☐ No        |          |            |                |             |           | Weapon / Tools  |                   |              |                              |                               |                              |  |
|          | # of V   | ictims                             | Туре               | Person                 | □ I                                    | Business   |                            |          |            | Injury         | y           | ☐ None    |   | _                 | ] Loss o     | f Tee                        | th Drug/A                     | lcohol Use:                  |  |
|          | X Society  |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              | _                            |                               |                              |  |
| V<br>I   |  | Victim/                            |                    | Name (Last, First,     |  |  | uty 🔲 Out                  | 21/ ()11 | IKIIOW     | 11             |             | Victim of |   | 3 / Age           | Race         | <u> </u>                     |                               |                              |  |
| C<br>T   | V1   |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              | To Offender                   | ☐ Resident                   |  |
| I        |  |                                    | DA                 | ΓA OMITTED             |  |  |                            |          |            |                |             | 1,        |   |                   |              |                              |                               | ☐ Non-Resident               |  |
| M        | Home Address DATA OMI'   |                                    |                    |                        |  |  |                            |          |            | ГТЕО           |             |           |   |                   |              | Home Phone                   |                               |                              |  |
|          | Employer Name/Address DATA OMI   |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              | Business Phone               |                               |                              |  |
|          | VYR  | M                                  | ake                | Model                  | Color Lic/Lis Vin                      |  |                            |          |            |                | Vin         |           |   |                   |              |                              |                               |                              |  |
|          |  |                                    |                    |                        |  |  |                            |          | <u> </u>   |                |             |           |   |                   |              |                              |                               |                              |  |
| О        |  |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              |                               |                              |  |
| T        |  |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              |                               |                              |  |
| H<br>E   |  |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              |                               |                              |  |
| R<br>S   |  |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              |                               |                              |  |
|          | DATA OMITTED   |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              |                               |                              |  |
| I        | DATA OMITTED   |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              |                               |                              |  |
| V        | N<br>V   |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              |                               |                              |  |
| O        |  |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              |                               |                              |  |
| V        |  |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              |                               |                              |  |
| E<br>D   |  |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              |                               |                              |  |
|          |  |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              |                               |                              |  |
| Status   | S L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              |                               |                              |  |
| Codes    | (Chec  | k "OJ"                             | column             | if recovered for other | er juri                                | isdiction)   |                            |          |            |                |             |           |   |                   |              |                              |                               |                              |  |
|          | #  | DCI<br>13                          | Value              | Property Description   |  |  |                            |          |            |                |             |           | e/Mo  |                   | erial Number |                              |                               |                              |  |
| -        |  | * *                                | OMM) TAURUS G3C    |                        |  |  |                            |          |            | TAURU<br>LUGER |             | c DA      | TA OMITTED<br>FOR   |                   |              |                              |                               |                              |  |
| P -<br>R |  | 13 EVID 4 (9MM) SHELL CASING SPEND |                    |                        |  |  |                            |          |            |                | LUGEN       |           | IN  | FORMATION         |              |                              |                               |                              |  |
|          |  |                                    |                    |                        | $\dashv$                               |  |                            |          |            |                |             |           |   |                   |              |                              |                               | SECURITY                     |  |
| ο .      |  |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              |                               | PURPOSES                     |  |
| P :      |  |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              |                               |                              |  |
| R<br>T   |  |                                    |                    |                        | $\dashv$                               |  |                            |          |            |                |             |           |   |                   |              |                              |                               | VE PROPERTY                  |  |
| Y ·      |  |                                    |                    |                        | _                                      |  |                            |          |            |                |             |           |   |                   |              |                              | 1 WEL                         | ITEMS ARE                    |  |
| -        |  |                                    |                    |                        | $\dashv$                               |  |                            |          |            |                |             |           |   |                   |              |                              | D                             | ISPLAYED ON                  |  |
|          |  |                                    |                    |                        |  |  |                            |          |            |                |             |           |   |                   |              |                              | F                             | 2C REPORTS                   |  |
| -        | NI1  | or of t                            | objete C           | tolon 0                | NIv-                                   | nhor V-1   | ialas Paa                  | d        | 0          |                |             |           |   |                   |              |                              |                               |                              |  |
|          | Office   | r                                  | ehicles S          | ID                     |  | noer Veh   | icles Recovere Officer Sig |          | o<br>re    |                |             |           | ı   | Supervisor        | Signati      | ıre                          |                               |                              |  |
| ID       | CRI  | DER,                               |                    | (15720)                |  | MULGRĔW, M. J. (14746)                               |                            |          |            |                |             |           |   |                   |              |                              |                               |                              |  |
|          | Comp   | laınant                            | e                  | Case Statu  Further    |  | Case Disposition:  Investigation Unfounded Located E |                            |          |            |                |             |           | □ Ext   | radition Declined |              |                              |                               |                              |  |
| Status   |  |                                    |                    |                        |  | ☐ Inact  | tive Cleared by Arrest     |          |            |                |             |           | Refuse  | e to C            | ooperate     |                              |                               |                              |  |
|          |  |                                    |                    |                        |  |  |                            |          |            | hausted        |             |           |   | nder ⊏            |              |                              |                               | Page 1                       |  |