| I N | Agenc | y Nam | | NSTON-SALE | POLICE | INCIDENT/INVESTIGATION | | | | | | | | OCA 2424175 | | | | | |
|---|---|---------------|--------------------|----------------------|----------------------------------|------------------------|--|---------------------------|------|------------------|--------------------|------------|---------------------------|--|----------------------------|--------------------------------|-----------------------|-----------------------------|--|
| C I | ORI | | | | - | | | REP | OR | Т | | - | Date / Mont | Time R | eported ay Y: | SATWTFS | | | |
| D E | | | NC 034 | | │ Att │ At Found │ S 型 피 ₩ 피 F S | | | | | | | | 07 08 2024 00:43 Hrs. | | | | | | |
| Ν | #1 | | licidein(s | , | | | | A DAC | 1 | Month | Day | / ˈÝr | | lime | | | Secure Y Yr | Time | |
| T. | | Crime I | ncident | Drug Viold | uion | 5 | | | | 07 Location | $\frac{08}{0.000}$ | | 4 00 |):43 Hrs | s 07 | 08 | 2024 | 00:42 Hrs. Offense Tract | |
| D A | #2 | | | | | | | | " | | | | ıs Cr | eek Pw, V | Vinstor | ı-saleı | n NC | 123 | |
| T A | #3 | Crime I | ncident | | | | Att Premise Type | | | | | | | Victim Residence Type □ Single Family □Multi Family | | | | | |
| МО | | | d or Con MITTEI | | | | | | | | | | | Forcible □ Yes [□ No | X N/A | Weap | on / Tools | 3 | |
| V I | # of Victims Type Person Business Injury None Minor L | | | | | | | | | | | | | | | oss of Teeth Drug/Alcohol Use: | | | |
| | 1 | | 🛛 🖾 So | ciety 🔲 Governm | nent | 🗆 F | inancial Instit | | | | Brok | en Bone | | □ Severe | e Lacerations Yes Unknown | | | | |
| | | Victim | | ligious L.E. O | | | uty 🗌 Othe | er/Unkı | nown | | - | nal 🗌 | | | Other | <u> </u> | | | |
| С | Crime # | | | | | | | | | | | | | 3 / Age | Race | | elationshi Offende | | |
| T I | V1 | | DA | ΓΑ OMITTED | | | | | | | 1 | , | | | | | | □ Non-Residen | |
| M· | Hom | e Addre | 222 | | | | | 1, | | | | | | | | Home | Phone | Unknown | |
| | Home Address DATA OMITTED | | | | | | | | | | | | | | | Tionic | none | | |
| | Empl | oyer Na | ame/Add | ress | ATA OMITTED | | | | | | | | Business Phone | | | | | | |
| | VYR | M | Color | | Lic/l | Lis | | | | Vin | | | | | | | | | |
| R S N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status | L = I | ost S | = Stolen | R = Recovered | D = | Damaged | Z = Seized | $\mathbf{B} = \mathbf{B}$ | urne | d C = 0 | Count | erfeit / F | Forged | F = Foun | d | | | | |
| Codes | (Cheo | k "OJ" | column | if recovered for oth | ier ju | risdiction) | | | | | | | 0 | | | | | | |
| - - - - | Victin # | DCI | Status | Value | | 1 | ~ | Descriptio | | | | | | e/Mode | | Serial Number | | | |
| | | 13 | 6 | | (9MM) FIREARMS/AMMUNITION | | | | | | | | GLOCK | /26 | Ι | DATA OMITTED | | | |
| | | | | | | | | | | | | | | | | | | FOR INFORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
| R O | | | | | | | | | | | | | | | | | | PURPOSES | |
| P · | | | | | | | | | | | | | | | | | | | |
| E- R | | | | | | | | | | | | | | | | | (| ONLY THE FIRST | |
| Т | | | | | | | | | | | | | | | | | TWE | ELVE PROPERTY | |
| Y - | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| - | | | | | | | | | | | | | | | | | | DISPLAYED ON | |
| - | | | | | | ├ | | | | | | | | | | | | P2C REPORTS | |
| - | Numb | l Der of V | ehicles S | tolen () | Nu | mber Vebi | cles Recovere | d 0 | | | | | | | | | | | |
| | Office | r | | I | D# | | Officer Sig | . 0 | | | | | | Supervisor | Signatu | re | | | |
| ID | | | | (16270) | | | WILLIAMS, K. A. (| | | | | | | | | 15631) | | | |
| Status | Comp | iainant | Signatur | e | | ☐ Further ☐ Inact | Case Status Case Disposition: □ Further Investigation □ Unfounded □ Lu □ Closed/Cleared □ Cleared by Arrest by A | | | | | | Loc rrest rrest by And | Refuse to Cooperate nother Agency | | | | | |
| | | | | | | | | | | usted | | Death o | | | Prosec | | eclined | Page 1 | |