| I<br>N  | Agenc   | y Name   |                      | NSTON-SALEN                     | OLICE                | IN   | INCIDENT/INVESTIGATION    |         |               |          |                   |            |   | OCA 2429159        |  |               |            |                       |      |  |
|---|---|--|----------------------|---------------------------------|----------------------|--|---------------------------|---------|---------------|----------|-------------------|------------|---|--------------------|--|---------------|------------|-----------------------|------|--|
| I<br>C  | ORI   | NC   | NC 034               | 10200                           |                      |  |                           | REPORT  |               |          |                   |            |   |                    | Date / Time Reported SMTWTFS Month Day Yr Time |               |            |                       |      |  |
| D<br>E  |   |  | ncident(s            |                                 | <br>  Att   At Found |  |                           |         |               |          |                   |            | 08   16   2024   04:56 Hrs.   Last Known Secure   S M T W T F S |                    |  |               |            |                       |      |  |
| N<br>T  | #1  |  |                      | Discharging F                   | arm                  | Att   At Found   S M T W T F S M T T W T F S M T T W T F S M T T W T T T T W T T T T T T T T T T T |                           |         |               |          |                   |            |   | Month Day Yr Time  |  |               |            | Hrs.                  |      |  |
| D.  | #2  | Crime I  | ncident              | 0 0                             |                      |  |                           |         | $\rightarrow$ | Location | n of              | Incident   |   |                    |  |               |            | Offense Tra           |      |  |
| A<br>T  |   | Trima I  | ncident              |                                 |                      |  |                           | _       | Com           | 805 V    |                   |            | th St,  | Winston            | -salen   |               |            | dence Type            |      |  |
| A   | #3  | Jime I   | neident              |                                 |                      |  | Att<br>Com                | Tiennse | 1 y           | pe       |                   |            |   | - 1                |  | mily ∏Multi I | Family     |                       |      |  |
| МО  |   |  | d or Con<br>MITTEI   |                                 |                      |  |                           |         |               |          | Forcible  Yes  No | X N/A      | We  | apon / Tool        | s  |               |            |                       |      |  |
|   | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use: |  |                      |                                 |                      |  |                           |         |               |          |                   |            |   |                    |  |               |            |                       |      |  |
| V   | 1   |  |                      | ciety  Governm ligious L.E. Off |                      |  | inancial Instit           |         | know          |          | -                 | roken Bone |   | Severe             | Lacerar<br>Other                               |               | . –        | Yes □ Unkn            | nown |  |
| I   | Victim/Business Name (Last, First, Middle)  Victim of DOB / Age F                                   |  |                      |                                 |                      |  |                           |         |               |          |                   |            |   |                    | Race   | <u> </u>      | Relationsh | ip Resident S         |      |  |
| C<br>T  | V1  | DA   | ΓΑ OMITTED           |                                 |                      | Crime #  |                           |         |               |          | To Offend         | Reside     |   |                    |  |               |            |                       |      |  |
| I<br>M ·  |   |  |                      |                                 |                      |  |                           |         |               |          |                   | 1,         |   |                    |  |               |            | Unkno                 |      |  |
|   | Home Address DATA OMI   |  |                      |                                 |                      |  |                           |         |               | TTED     |                   |            |   |                    |  | Home Phone    |            |                       |      |  |
|   | Emplo   | oyer Na  | me/Add               | ress                            | ATA OMI              | MITTED   |                           |         |               |          |                   |            |   | Business Phone     |  |               |            |                       |      |  |
|   | VYR Make Model Style  |  |                      |                                 |                      |  | Color Lic/Lis Vin         |         |               |          |                   |            | Vin   |                    |  |               |            |                       |      |  |
| T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED  |  |                      |                                 |                      |  |                           |         |               |          |                   |            |   |                    |  |               |            |                       |      |  |
| Status<br>Codes   |   |  |                      |                                 |                      |  |                           |         |               |          |                   |            |   |                    |  |               |            |                       |      |  |
|   | Victim<br>#   |  | Property Description |                                 |                      |  |                           |         |               |          | Mak               | e/Mo       | del   | Serial Numbe       | r  |               |            |                       |      |  |
|   | π   | # DCI Status Value OJ QTY Property Description |                      |                                 |                      |  |                           |         |               |          | 11141             |            |   | DATA OMITT         |  |               |            |                       |      |  |
| P -   |   |  |                      |                                 |                      |  |                           |         |               |          |                   |            |   |                    |  |               |            | FOR                   | ON   |  |
|   |   |  |                      |                                 | $\dashv$             |  |                           |         |               |          |                   |            |   |                    |  |               |            | INFORMATI<br>SECURITY |      |  |
| R<br>O  |   |  |                      |                                 |                      |  |                           |         |               |          |                   |            |   |                    |  |               |            | PURPOSE               |      |  |
| Р <sup>-</sup><br>Е -   |   |  |                      |                                 |                      |  |                           |         |               |          |                   |            |   |                    |  |               |            |                       |      |  |
| R<br>T  |   |  |                      |                                 | $\dashv$             |  |                           |         |               |          |                   |            |   |                    |  |               |            | ONLY THE FI           |      |  |
| Y -   |   |  |                      |                                 | $\dashv$             |  |                           |         |               |          |                   |            |   |                    |  |               | 1 W        | ITEMS AR              |      |  |
| -   |   |  |                      |                                 |                      |  |                           |         |               |          |                   |            |   |                    |  |               |            | DISPLAYED             |      |  |
| -   |   |  |                      |                                 |                      |  |                           |         |               |          |                   |            |   |                    |  |               |            | P2C REPOR             | TS   |  |
| -   |   |  |                      |                                 | $\prod_{i}$          |  | 1 5                       | 1       |               |          | _                 |            |   |                    |  |               |            |                       |      |  |
|   | Numb  |  | ehicles S            | tolen 0                         |                      | nber Vehi  | cles Recovere Officer Sig |         | e<br>e        |          |                   |            | 1   | Supervisor         | Signati  | ıre           |            |                       |      |  |
| ID  | HIL   | L, P. 1  | M. (158              | 317)                            |                      |  |                           |         |               | _        |                   |            |   | VER, K. M. (15921) |  |               |            |                       |      |  |
| Status  | Comp  | lainant  | Signatur             | e                               | Inact                |  |                           |         |               |          |                   |            | xtradition Dec  |                    |  |               |            |                       |      |  |
|   |   |  |                      |                                 |                      |  |                           |         |               | hausted  |                   | □ Death c  |   |                    |  |               |            | Page 1                | 1    |  |