| I N | Agenc | y Name | | STON-SALE | M F | POLICE | INCIDENT/INVESTIGATION | | | | | | | OCA 2434484 | | | | |
|------------------------------------|---|---------------------------|--------------------|-----------------------|----------------------|----------------------------------|------------------------|---|----------|------------|----------------|--------|---|--|---|---------------------------------|-----------------------------|--|
| C I D E | ORI | | | | OLICE | REPORT | | | | | | | Date / Time Reported S M T H T F S Month Day Yr Time | | | | | |
| | | | NC 034 | | | │ Att │ At Found │ S M T 관 T F S | | | | | | | 09 25 2024 15:16 Hrs. Last Known Secure Month Day Yr Time | | | | | |
| N T | #1 | | | , 1g Threats -inti | mida | ation No | n Physical | □ Att ∑ Co | M | onth 09 | Day Yr | | fime 4:50 Hrs | | | y Yr' | Time 14:30 Hrs. | |
| D I | | | ncident | 18 111100005 1111 | | | n i nysteat | | - ' | // | of Incident | 4 14 | 4.30 1113 | 09 | 2 | 2024 | Offense Tract | |
| А | \Box Com 849 Waterworks Rd, Winston- | | | | | | | | | | | | | | | | 224 | |
| T A | #3 | rime I | ncident | | | | □ Att □ Co | | remise I | уре | | | | | | ence Type nily ⊡Multi Family | | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible | X N/A | Weapo | on / Tools | | |
| V I | | | | | | | | | | | | | | | Loss of Teeth Drug/Alcohol Use: | | | |
| | I Society Government Financial Institute Broken Bones Seve I Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious | | | | | | | | | | | | | | re Lacerations □ Yes □ Unknown □ Other Major □ № □ N/A | | | |
| | Victim/Business Name (Last, First, Middle) Victim of DOB / Age | | | | | | | | | | | | | | Sex R | elationshi | p Resident Status | |
| C T | V1 | | DA | FA OMITTED | | | | | | | Crime # | | 59 | | | o Offende | r □ Resident Non-Residen | |
| I M· | | A 11 | | | | | | | | | 1, | | | W | | IRU | Unknown | |
| | | Addre | | | | D. | ATA OMI | ГTED | ΈD | | | | | Home Phone | | | | |
| | Emplo | oyer Na | me/Add | ress | | D. | ATA OMITTED | | | | | | | Business Phone | | | | |
| | VYR | M | ake | Model | tyle | Color | | Lic/L | is | | | Vin | I | | | | | |
| T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | |
| Status Codes | L = L | ost S | = Stolen | R = Recovered | D= | Damaged | Z = Seized | $\mathbf{B} = \mathbf{B}\mathbf{i}$ | ırned | C = C | ounterfeit / I | Forged | F = Found | d | | | | |
| - - - P - | Victim | | | Value | Property Description | | | | | | | Mak | e/Mode | 1 9 | Serial Number | | | |
| | # | # DCI Status Value OJ QTY | | | | | | | | | | | | Iviak | c/Widde | | ATA OMITTED | |
| | | | | | | | | | | | | | | | | | FOR | |
| | | | | | | | | | | | | | | | | 1 | NFORMATION SECURITY | |
| R O | | | | | | | | | | | | | | | | | PURPOSES | |
| P - | | | | | | | | | | | | | | | | | | |
| E- R | | | | | | | | | | | | | | | | 0 | NLY THE FIRST | |
| T Y · | | | | | | | | | | | | | | | | TWE | LVE PROPERTY | |
| | | | | | | | | | | | | | | | | I | ITEMS ARE | |
| - | | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | | | mber Vehio | cles Recovere | . 0 | | | | | a : | <u>a:</u> | | | | |
| ID | Officer ALL | | . E. (15 | | D# | | Officer Sig | Officer Signature Supervisor Sig MATTISC | | | | | | | | <u>(15167</u>) | | |
| Status | Comp | lainant | Signatur | e | | | Further | Case Status Case Disposition: Further Investigation Unfounded Inactive Cleared by Arrest Closed/Cleared Cleared by Arrest by Arrest | | | | | | ocated ☐ Extradition Declined ☐ Refuse to Cooperate | | | | |
| | | | | | | | | | | isted | | | | Prosec | | eclined | Page 1 | |