| I<br>N          | Agenc                                    | y Name             |                   | NSTON-SALE         | OLICE  | IN                       | INCIDENT/INVESTIGATION                   |                                      |          |      |                |                   |                            | OCA 2434533                        |  |                                       |           |            |                         |  |
|-----------------|--|--------------------|-------------------|--------------------|--|--------------------------|--|--------------------------------------|----------|------|----------------|-------------------|----------------------------|------------------------------------|--|---------------------------------------|-----------|------------|-------------------------|--|
| C               | ORI                                      | NG                 |                   |                    |  | 02.02                    | -  | REPORT                               |          |      |                |                   |                            |                                    | Date / Time Reported SMTWIFS                         |                                       |           |            |                         |  |
| D<br>E          | <u> </u>                                 |                    | NC 034            |                    | <br>  DAtt   At Found   S M T W 크 F S  |                          |  |                                      |          |      |                |                   | 09   26   2024  12:44 Hrs. |                                    |  |                                       |           |            |                         |  |
| N<br>T          | #1                                       | Jimic I            | nerdent(s         | Found Prop         | Att   At Found   S M T W F F S   M T W F F S |                          |  |                                      |          |      |                | Month Day Yr Time |                            |                                    |  |                                       |           |            |                         |  |
| D .             | #2                                       | Crime I            | ncident           | 1 oma 1 rop        | ,  | <i>)</i>                 |  |                                      | _        |      |                | f Incident        | 4   12                     | 2.44   ***                         | 31 09  |                                       | 20   202  |            | nse Tract               |  |
| Α               | Com 980 E Second St, Winston-salen       |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            | 21                      |  |
| T<br>A          | #3                                       | rime i             | ncident           |                    |  |                          |  | ☐ Att Premise Type ☐ Com             |          |      |                |                   |                            |                                    | Victim Residence Type ☐ Single Family ☐ Multi Family |                                       |           |            |                         |  |
| МО              |  | d or Con<br>MITTEI |                   |                    | Forcible ☐ Yes ☐ No  |                          |  |                                      |          |      | Weapon / Tools |                   |                            |                                    |  |                                       |           |            |                         |  |
|                 | # of Victims   Type                      |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  | ol Use:                               |           |            |                         |  |
|                 | 0  |                    |                   | ciety  Governm     | ent  | □ F                      | inancial Institution                     |                                      | 1        |      | _              | roken Bon         |                            | □ Severe                           |  |                                       |           | _          | Unknown                 |  |
| V<br>I          |  | Victim/            |                   | Name (Last, First, |  |                          | ину 🔲 Онн                                | 21/ ()11                             | ikilow   | 11   | In             | victim of         |                            | S / Age                            | Other Race   | <del>.</del>                          |           |            | □N/A<br>sident Status   |  |
| C<br>T          | VI DATA OMITTED                          |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  | ~                                     | To Offeno | ler 🗀 🛚    | Resident                |  |
| I<br>M          |  |                    | DA                | IA OMITIED         |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           | 1 —        | Non-Resident<br>Unknown |  |
| IVI             | Home Address DATA OMI                    |                    |                   |                    |  |                          |  |                                      |          | ГТЕD |                |                   |                            |                                    |  | Home Phone                            |           |            |                         |  |
|                 | Employer Name/Address DATA OMI           |                    |                   |                    |  |                          |  |                                      | TTED     |      |                |                   |                            |                                    |  | Business Phone                        |           |            |                         |  |
| 1               | VYR                                      | M                  | Color Lic/Lis Vin |                    |  |                          |  |                                      |          | Vin  |                |                   |                            |                                    |  |                                       |           |            |                         |  |
|                 |  |                    |                   |                    | <u> </u>   |                          |  |                                      | <u> </u> |      |                |                   |                            |                                    |  |                                       |           |            |                         |  |
| О               |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            |                         |  |
| T               |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            |                         |  |
| H<br>E          |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            |                         |  |
| R<br>S          |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            |                         |  |
| J               | DATA OMITTED                             |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            |                         |  |
| I DATA OMITI    |  |                    |                   |                    |  |                          |  |                                      |          |      | ĽI             | )                 |                            |                                    |  |                                       |           |            |                         |  |
| V               |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            |                         |  |
| O<br>L          |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            |                         |  |
| V               |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            |                         |  |
| E<br>D          |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            |                         |  |
|                 |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            |                         |  |
| Status<br>Codes |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            |                         |  |
| Codes           | Victim                                   |                    |                   |                    | Dronauty Description   |                          |  |                                      |          |      |                | 3.6.1             | Iaka/Madal Carial Number   |                                    |  |                                       |           |            |                         |  |
|                 | # DCI Status Value OJ QTY  13 FOUN 1 1 1 |                    |                   |                    |  |                          | Property Description FIREARMS/AMMUNITION |                                      |          |      |                |                   |                            |                                    | Mai  | ake/Model Serial Number  DATA OMITTED |           |            |                         |  |
| P -<br>R _      |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           | I          | FOR                     |  |
|                 |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            | MATION                  |  |
|                 |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            | RPOSES                  |  |
| O<br>P          |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           | FUN        | TOSES                   |  |
| E -<br>R        |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           | ONLY T     | THE FIRST               |  |
| T<br>Y          |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       | TW        |            | PROPERTY                |  |
|                 |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            | MS ARE                  |  |
| -               |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            | AYED ON<br>REPORTS      |  |
| -               |  |                    |                   |                    |  |                          |  |                                      |          |      |                |                   |                            | +                                  |  |                                       |           |            |                         |  |
|                 |  |                    | ehicles S         |                    |  | mber Vehi                | cles Recovere                            |                                      | 0        |      |                |                   |                            |                                    |  |                                       |           |            |                         |  |
| ID              | Office<br>RIN                            | r<br>G. M          | B. (158           | ID<br>863)         | Officer Sig  |                          |  |                                      |          |      |                |                   |                            | or Signature<br>JNS, A. B. (14763) |  |                                       |           |            |                         |  |
| -11/            |  |                    | Signatur          |                    | Case Status  | Status Case Disposition: |  |                                      |          |      |                |                   |                            |                                    |  |                                       |           |            |                         |  |
| Status          |  |                    |                   |                    |  |                          | ☐ Further    X Inact                     |                                      | estiga   | tion |                | ☐ Unfour          |                            | rrest Loc                          | ated<br>Refus  | e to C                                | Ooperate  | Extraditio | on Declined             |  |
| Janus           |  |                    |                   |                    |  |                          | Closed                                   | ☐ Closed/Cleared ☐ Cleared by Arrest |          |      |                |                   |                            | rrest by And                       | th by Another Agency                                 |                                       |           |            |                         |  |