| I N | Agenc | y Namo | | NSTON-SALE | | INCIDENT/INVESTIGATION | | | | | | | OCA 2437938 | | | | | |
|--|--|---------------------------|--------------------|-------------------------------------|-------------------|--|--------------------------------|---|----------|--------------|---|----------------|-----------------------|------------|---------------------------------|----------------------------------|-------------------------------|--|
| C I | ORI | | | REPORT | | | | | | | Date / Time Reported S M I F S Month Day Yr Time | | | | | | | |
| D E | | | NC 034 | │ | | | | | | | 10 22 2024 09:41 Hrs. Last Known Secure Month Day Yr Time | | | | | | | |
| Ν | #1 | | incluent(s | , Aggravated . | Asso | mlt | | Att | M | onth 10 I | Day Yr | I | ime :41 Hrs | | | 2024 | Time | |
| T D | #2 | Crime I | ncident | 1188141444 | 1550 | | | □ Att | | 10 | of Incident | 4 09 | .41 1115 | 10 | 22 | 2024 | Offense Tract | |
| А | | <u> </u> | | | | | | Com 201 N Church St, Winston-sai | | | | | | n NC 2 | | (D) | 411 | |
| T A | #3 | rime I | ncident | | | | Att Cos | | remise I | ype | | | | | | lence Type nily ∏Multi Family | | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes No | X N/A | Weapo | on / Tools | | |
| v | | | | | | | | | | | | | | | Loss of Teeth Drug/Alcohol Use: | | | |
| | 1 | | | ciety 🔲 Governm ligious 🕅 L.E. O | | | inancial Institu ity П Othe | nstitute ☐ Broken Bones ☐ Sev Other/Unknown ☐ Internal ☐ Unconscious | | | | | | Laceration | ons Jaior | | Yes □Unknown No □N/A | |
| Ι | I Victim/Business Name (Last, First, Middle) Victim of | | | | | | | | | | | | | Race | Sex Re | lationshi | p Resident Status | |
| C T | V1 | | DA | TA OMITTED | | | | | | | Crime # | | 43 | | | Offende | r ⊠ Resident □ Non-Residen | |
| I M | | A 11 | | | | | | | | | 1, | | | | | IRU | Unknown | |
| | Home | e Addre | SS | | | D. | ATA OMI | TA OMITTED | | | | | | Home Phone | | | | |
| | Emplo | oyer Na | ume/Add | ress | ATA OMITTED | | | | | | | Business Phone | | | | | | |
| | VYR | M | ake | Color | Color Lic/Lis Vin | | | | | | | | | | | | | |
| 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 | $\mathbf{B} = \mathbf{B}\mathbf{u}$ | rned | C = C | Counterfeit / F | orged | F = Found | d | | | | |
| P - | Victim | | | | | | Property Description | | | | | | | | | | | |
| | # | # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | /Mode | | Serial Number | |
| | | | | | | | | | | | | | | | | | FOR | |
| | | | | | | | | | | | | | | | |] | NFORMATION | |
| R. O | | | | | | | | | | | | | | | | | SECURITY PURPOSES | |
| P · | | | | | | | | | | | | | | | | | 1010 0020 | |
| E · R | | | | | | | | | | | | | | | | 0 | NLY THE FIRST | |
| T Y | | | | | | | | | | | | | | | | TWE | LVE PROPERTY | |
| ı | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | DISPLAYED ON P2C REPORTS | |
| - | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | 0 | | mber Vehio | cles Recovere | . 0 | | | | | | | | | | |
| ID | Office DAV | | S. C. I | (15385) | D# | | Officer Sig | Officer Signature Supervisor Signature <i>MCKAUGHAN, A. M. (14884)</i> | | | | | | | | | 384) | |
| | | | Signatur | | | | | Case Status Case Disposition: | | | | | | | | | | |
| Status | - | | | | | □ Further Investigation □ Unfounded □ Lo □ Inactive □ Cleared by Arrest □ □ Closed/Cleared □ Cleared by Arrest by Ar | | | | | | Loca rest D | Refuse to Cooperate | | | | | |
| | | | | | | | | | | isted | \square Death o | | | Prosecu | | eclined | Page 1 | |