| I N | Agenc | y Name | | NSTON-SALE! | M P | OLICE | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2438372 | | | | | | | |
|---|--|--|--|---|-----------------------|---------------------|-------------------------------------|----------------------------|-------|------------------------------|----------------------------|-----------------------|---------------------------|---------------------|---|--|--------|------------------|--------|--|--|
| I C | ORI | NC | NC 034 | 40200 | | | 1 | | | KEPC | JKI | | | | | Reported Day | L | M T W | T ₹ S | | |
| D E | 10 | | ncident(s | | | | ++ I | At Found | Islm | d Tlw | TI-FISI | 10 | | | | Time 11:44 M T W | Hrs. | | | | |
| N | #1 | | | | | | | | · I n | Month | | | T≢S Time | | | n Secure Day Yr | Щ, | Time | | | |
| Τ. | #2 | Cuimo Incident | | | | | | | | □ Att Location of Incident | | | | | | rs 10 25 2024 11:43 Hrs. Offense Tract | | | | | |
| D A | ☐ Com 3116 Carver School Rd, Winston-sa | | | | | | | | | | | | | | em N | C | | 224 | | | |
| T A | #3 Crime Incident | | | | | | | | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | | |
| 71 | How Attacked or Committed Forcible | | | | | | | | | | | | | | _ | Single Fa | | Multı | Family | | |
| MO | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| V | # of Victims Type No | | | | | | | | | | | | | | | | | | | | |
| | # of Victims Type Type Person Business Injury Type None Minor Loss of Teeth Drug/Alcohol Use: Property Prope | | | | | | | | | | | | | | | | | | | | |
| | Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major No N/A | | | | | | | | | | | | | | | | | | | | |
| I C | ' | Victim/ | Business | Name (Last, First, | Mid | dle) | | | | | Victim of Crime # | DOE | 3 / Age 33 | Race | Resident Status To Offender Resident Status Resident | | | | Status | | |
| T I | V1 | | DA | TA OMITTED | | | | | | | | | 33 | _n | _ | | | ⊿ Non-I | | | |
| M · | Home | e Addre | | | | | | | | | 1, | | | B | F 1BG | | | | own | | |
| | поше | Addre | SS | | | D. | ATA OMI | ΓΤED | | | | | | | Home Fholie | | | | | | |
| | Employer Name/Address DATA OMITTED | | | | | | | | | | | | | Business Phone | | | | | | | |
| | VYR | M | ake | Model | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered if recovered for other | D = er jui | Damaged risdiction) | Z = Seized | B = B | urnec | d C = Co | ounterfeit / F | Forged | F = Foun | d | | | | | | | |
| | Victim # | DCI | Status | Value | Property Description | | | | | | | Mak | ke/Model Serial Number | | | | er | | | | |
| - - P - | | # DCI Status Value OJ QTY Property Description | | | | | | | | | | | | DAT | А ОМІТ | TED | | | | | |
| | | | | | | | | | | | | | | | | | | FOR | 701 | | |
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| R O | | | | | | | | | | | | | | | | | | URPOS | | | |
| Р - | | | | | | | | | | | | | | | | | | 0141 055 | | | |
| E - R | | | | | | | | | | | | | | | | | ONL | Y THE I | FIRST | | |
| Т | | | | | | | | | | | | | | | | TW | ELVI | E PROP | ERTY | | |
| Y | | | | | | | | | | | | | | | | | | TEMS A | | | |
| | | | | | | | | | | | | | | | | | | PLAYEI C REPO | | | |
| - | | | | | | | | | | | | | | | | | r z C | KEFU | 113 | | |
| - | Numb | er of V | ehicles S | Stolen 0 | Nu | mber Vehic | cles Recovere | d 0 | | | | | | | | | | | | | |
| | Office | r | | ID | | | Officer Sig | | | | | | Supervisor | Signatu | ire | (15070) | | | | | |
| ID | | | <i>R. (16</i> ² Signatur | | | | Case Status | <u>MUL</u> | | | | | | LINŠ, B. H. (15079) | | | | | | | |
| Status | Comp | iainant | signatur | c | | | Case Status Further Inact Closed | r Invest ive /Cleare | d | on | ☐ Unfoun☐ Cleared☐ Cleared | ded by Ar by Ar | Locarest Crest by Andread | Refuse other Ag | gency | ooperate | Extrad | lition De | | | |