| I<br>N                | Agenc                                                                                                                 | y Name   |                      | NSTON-SALEN                             | CIDENT/INVESTIGATION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                | OCA 2438649 |            |                                                                                            |                  |                |            |                      |                             |  |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------|----------|----------------------|-----------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|---------------|------------------------------------------------|-------------|------------|--------------------------------------------------------------------------------------------|------------------|----------------|------------|----------------------|-----------------------------|--|
| I C                   | ORI                                                                                                                   | NC       | NC 034               | 40200                                   | 1                    | REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                      |               |                                                |             |            | Date / Time Reported S M T W T F S Month Day Yr Time                                       |                  |                |            |                      |                             |  |
| D<br>E                |                                                                                                                       |          | ncident(s            |                                         | ☐ Att                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             | 10         | 10   27   2024   13:15 Hrs.  Last Known Secure Month Day Yr  Time Time Time Time Time Time |                  |                |            |                      |                             |  |
| N<br>T                | #1                                                                                                                    |          |                      | ing & Entering                          | Witi                 | hout For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rce                       | ı —                  | Com           | Month 10                                       |             |            |                                                                                            | ime<br>2:30  Hrs |                |            | Day Yr 🗀             | Time 12:30 Hrs.             |  |
| D.                    | #2                                                                                                                    | Crime I  | ncident              | 0 0                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      | $\rightarrow$ | Location                                       | of Inc      | ident      | ·                                                                                          | •                |                |            |                      | Offense Tract               |  |
| A<br>T                | Com 3741 Cheshire Place Dr, Winston-s                                                                                 |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            | VC<br>Victim Resider | 114                         |  |
| A                     | #3                                                                                                                    | Jime I   | iicident             |                                         |                      | ☐ Att Premise Type ☐ Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                      |               |                                                |             |            | ☐ Single Family ☐ Multi Family                                                             |                  |                |            |                      |                             |  |
| МО                    |                                                                                                                       |          | d or Com             |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | Forcible ☐ Yes ☐ No  |               |                                                |             |            |                                                                                            | Weapon / Tools   |                |            |                      |                             |  |
|                       | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:                   |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                | cohol Use: |                      |                             |  |
| 3.7                   | 1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                | _          |                      |                             |  |
| V<br>I                | - 1                                                                                                                   | Victim/  |                      | Name (Last, First,                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ity 🔲 Out                 | 21/ () 11            | KIIOW         | <u>"                                      </u> |             | tim of     |                                                                                            | B / Age          | Race           |            |                      | Resident Status             |  |
| C<br>T                | V1                                                                                                                    |          | D۸۲                  | LY UMITTED                              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                | Cri         | me#        |                                                                                            | C                |                |            | To Offender          | Resident     Non-Resident   |  |
| I<br>M ·              |                                                                                                                       |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            | 1RU                  | Unknown                     |  |
|                       | Home Address DATA OMIT                                                                                                |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               | TTED                                           |             |            |                                                                                            |                  |                | Home Phone |                      |                             |  |
| •                     | Employer Name/Address DATA OMI                                                                                        |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  | Business Phone |            |                      |                             |  |
| •                     | VYR                                                                                                                   | M        | Model                | Color Lic/Lis Vin                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                | Vin         |            |                                                                                            |                  |                |            |                      |                             |  |
| 0                     |                                                                                                                       |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      |                             |  |
| T<br>H                |                                                                                                                       |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      |                             |  |
| E                     |                                                                                                                       |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      |                             |  |
| S                     | R<br>S                                                                                                                |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      |                             |  |
|                       | DATA OMITTED                                                                                                          |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      |                             |  |
| I<br>N                |                                                                                                                       |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      |                             |  |
| V<br>O                |                                                                                                                       |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      |                             |  |
| L<br>V                |                                                                                                                       |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      |                             |  |
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| D                     |                                                                                                                       |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      |                             |  |
| a                     | s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found              |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      |                             |  |
| Status<br>Codes       | (Chec                                                                                                                 | k "OJ"   | = Stolen<br>column i | R = Recovered<br>if recovered for other | D = .<br>er jur      | Damaged isdiction)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Z = Seized                | В=                   | Burn          | ed $C = C$                                     | Counte      | erfeit / F | orged                                                                                      | F = Foun         | d              |            |                      |                             |  |
|                       | Victim # DCI Status Value OJ Q                                                                                        |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | Property Description |               |                                                |             | Mak        | e/Mo                                                                                       | odel Se          | rial Number    |            |                      |                             |  |
| -<br>-<br>P -<br>R    |                                                                                                                       |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            | DA                                                                                         | TA OMITTED       |                |            |                      |                             |  |
|                       |                                                                                                                       |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            | IN                   | FOR<br>FORMATION            |  |
|                       |                                                                                                                       |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      | SECURITY                    |  |
| 0                     |                                                                                                                       |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      | PURPOSES                    |  |
| Р <sup>-</sup><br>Е - |                                                                                                                       |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      |                             |  |
| R<br>T                |                                                                                                                       |          |                      |                                         | $\dashv$             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      | LY THE FIRST<br>VE PROPERTY |  |
| Y ·                   |                                                                                                                       |          |                      |                                         | $\dashv$             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      | ITEMS ARE                   |  |
| -                     |                                                                                                                       |          |                      |                                         | $\dashv$             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            | +                |                |            |                      | SPLAYED ON                  |  |
| •                     |                                                                                                                       |          |                      |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            | P                    | 2C REPORTS                  |  |
| -                     |                                                                                                                       |          |                      |                                         | Ţ                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 5                       |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      |                             |  |
|                       | Numb                                                                                                                  |          | ehicles S            | tolen 0                                 |                      | nber Vehi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | cles Recovere Officer Sig |                      | 0<br>e        |                                                |             |            | ı                                                                                          | Supervisor       | Signati        | ıre        |                      |                             |  |
| ID                    | FIE                                                                                                                   | . O. (1. | 5835)                | Case Status                             | MATT                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |               |                                                |             |            | r Signature (ISON, G. M. (15167)                                                           |                  |                |            |                      |                             |  |
|                       | Comp                                                                                                                  | ainant   | Signatur             | e                                       |                      | Case Disposition:  [Investigation ☐ Unfounded ☐ Located ☐ Extraction |                           |                      |               |                                                |             |            | adition Declined                                                                           |                  |                |            |                      |                             |  |
| Status                |                                                                                                                       |          |                      |                                         | ive                  | ve Cleared by Arrest Refuse to Cooperate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                      |               |                                                |             |            |                                                                                            |                  |                |            |                      |                             |  |
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