| I<br>N   | Agenc  | y Nam   |                     | NSTON-SALE                           |             | INCIDENT/INVESTIGATION |  |        |                 |           |        |         |   | OCA 2439621   |                     |                                 |                    |                               |  |
|--|--|---------|---------------------|--------------------------------------|-------------|------------------------|--|--------|-----------------|-----------|--------|---------|---|---|---------------------|---------------------------------|--------------------|-------------------------------|--|
| C<br>I<br>D<br>E   | ORI  |         |                     |                                      | -           |                        |  | REP    | OR              | Г         |        | -       | Date / ]<br>Mont  |   |                     | <u>-SMTWTFS</u><br>Time         |                    |                               |  |
|  |  |         | NC 034              |                                      | │           |                        |  |        |                 |           |        |         | 11 03 2024 15:14 Hrs.   Last Known Secure<br>Month Day Yr SMTWTFS |   |                     |                                 |                    |                               |  |
| Ν  | #1   |         | licident(s          | )<br>Trespass                        |             |                        |  | Ν      | Airoun<br>Ionth | Day<br>03 | ' Ýr   |         | TFS<br>Time<br>5:14  Hrs  |   |                     |                                 | Time<br>19:10 Hrs. |                               |  |
| T.<br>D  | #2   | Crime I | ncident             | 17059035                             |             |                        |  |        |                 | Location  |        |         | <i>+</i>   13   | .14 1115  |                     | 02                              | 2024               | Offense Tract                 |  |
| А  | Com 202 W Fourth St, Winston-sale                              |         |                     |                                      |             |                        |  |        |                 |           |        |         |   |   | n NC 2              |                                 | ( D )              | 411                           |  |
| T<br>A   | #3   | Crime I | ncident             |                                      |             |                        | Att Premise Type Com                     |        |                 |           |        |         |   | Victim Residence Type<br>□Single Family □Multi Family     |                     |                                 |                    |                               |  |
| МО   |  |         | d or Con<br>MITTEI  |                                      |             |                        |  |        | -               |           |        |         |   | Forcible<br>Yes [<br>No                                   | X N/A               | Weapo                           | on / Tools         |                               |  |
| V<br>I   |  |         |                     |                                      |             |                        |  |        |                 |           |        |         |   |   |                     | Loss of Teeth Drug/Alcohol Use: |                    |                               |  |
|  | 1  |         |                     | ciety 🔲 Governn<br>ligious 🔲 L.E. Of |             |                        | inancial Instit<br>uty □ Othe            | iown   |                 |           | n Bone |         |   | re Lacerations □ Yes □ Unknown<br>□ Other Major □ № □ N/A |                     |                                 |                    |                               |  |
|  | Victim/Business Name (Last, First, Middle) Victim of DOB / Age |         |                     |                                      |             |                        |  |        |                 |           |        |         |   |   |                     | Sex Re                          | lationshi          | p Resident Status             |  |
| C<br>T   | V1   |         | DA                  | TA OMITTED                           |             |                        |  |        |                 |           | -      | me #    |   |   |                     | To                              | Offende            | r ⊠ Resident<br>□ Non-Residen |  |
| I<br>M·  |  |         |                     |                                      |             |                        |  |        |                 |           | 1,     |         |   |   |                     |                                 |                    | Unknown                       |  |
|  | Home   | e Addre | ess                 |                                      |             | D                      | ATA OMITTED                              |        |                 |           |        |         |   |   | Home Phone          |                                 |                    |                               |  |
|  | Empl   | oyer Na | ume/Add             | ress                                 | ATA OMITTED |                        |  |        |                 |           |        |         | Business Phone  |   |                     |                                 |                    |                               |  |
|  | VYR  | M       | Color               |                                      | Lic/I       | Lis                    |  |        |                 | Vin       |        |         |   |   |                     |                                 |                    |                               |  |
| H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED   |         |                     |                                      |             |                        |  |        |                 |           |        |         |   |   |                     |                                 |                    |                               |  |
| Status   |  |         |                     |                                      |             |                        |  |        |                 |           |        |         |   |   |                     |                                 |                    |                               |  |
| Codes<br>-<br>-<br>P -                                   | Victim   |         |                     |                                      |             |                        | Broparty Description                     |        |                 |           |        |         |   |   |                     |                                 |                    |                               |  |
|  | # DCI Status Value OJ QTY                                      |         |                     |                                      |             |                        | Property Description                     |        |                 |           |        |         |   |   | Make                | /Model                          |                    | Serial Number                 |  |
|  |  |         |                     |                                      |             |                        |  |        |                 |           |        |         |   |   |                     |                                 |                    | FOR                           |  |
|  |  |         |                     |                                      |             |                        |  |        |                 |           |        |         |   |   |                     |                                 | ]                  | NFORMATION                    |  |
| R<br>O   |  |         |                     |                                      |             |                        |  |        |                 |           |        |         |   |   |                     |                                 |                    | SECURITY<br>PURPOSES          |  |
| Р  |  |         |                     |                                      |             |                        |  |        |                 |           |        |         |   |   |                     |                                 |                    | T OKI OSES                    |  |
| E-<br>R  |  |         |                     |                                      |             |                        |  |        |                 |           |        |         |   |   |                     |                                 | C                  | NLY THE FIRST                 |  |
| Т  |  |         |                     |                                      |             |                        |  |        |                 |           |        |         |   | TWELVE PROPERTY   |                     |                                 |                    |                               |  |
| Y -  |  |         |                     |                                      |             |                        |  |        |                 |           |        |         |   |   |                     |                                 |                    | ITEMS ARE                     |  |
| -  |  |         |                     |                                      |             |                        |  |        |                 |           |        |         |   |   |                     |                                 |                    | DISPLAYED ON<br>P2C REPORTS   |  |
| -  |  |         |                     |                                      |             |                        |  |        |                 |           |        |         |   |   |                     |                                 |                    | F2C REFORTS                   |  |
| -  | Numb   | er of V | ehicles S           | tolen 0                              | Nu          | mber Vehi              | cles Recovere                            | d 0    |                 |           |        |         |   | I   |                     |                                 |                    |                               |  |
| ID   | Office   |         | MANT T              |                                      | D#          |                        | Officer Sig                              | nature |                 |           |        |         |   | Supervisor  | Signatur            | e<br>v v /                      | 15500              |                               |  |
| ID   |  |         | MAIN, F<br>Signatur | <u>R. M. (15796)</u><br>e            |             | Case Statu             | Case Status Case Disposition:            |        |                 |           |        |         |   |   | HEWS, C. K. (15509) |                                 |                    |                               |  |
| Status   | 1  |         | -                   |                                      |             | Inact                  | □ Further Investigation □ Unfounded □ Lo |        |                 |           |        |         | Test Date<br>Test D   | Refuse to Cooperate                                       |                     |                                 |                    |                               |  |
|  |  |         |                     |                                      |             |                        |  |        |                 | usted     |        | Death o |   |   | Prosecu             |                                 | eclined            | Page 1                        |  |