| I<br>N      | Agenc   | y Name   |                    | NSTON-SALE           | M P         | OLICE       | IN                | INCIDENT/INVESTIGATION                 |      |        |                       |                |   |  | OCA 2440084                                 |  |     |                          |  |
|-------------|---|--|--------------------|----------------------|-------------|-------------|-------------------|--|------|--------|-----------------------|----------------|---|--|---|--|-----|--------------------------|--|
| C<br>I<br>D | ORI   | NC   | NC 034             | 40200                |             |             | REPORT            |  |      |        |                       |                |   | Date / Time Reported SMTWTFS<br>Month Day Yr Time<br>11   06   2024   23:20 Hrs. |   |  |     |                          |  |
| E<br>N      | #1  |  | ncident(s          |                      |             |             | 1                 | Att At Found SMTWTFS Month Day Yr Time |      |        |                       |                |   | Last Known Secure SMTWTFS Month Day Yr Time                                      |   |  |     |                          |  |
| T           |   |  | Ccw-p              | ossession/conc       | ealir       | ig Weape    | ons               | □ Att Location of Incident □ Att       |      |        |                       |                |   | 11   | 11   06   2024   23:19   Hrs. Offense Tract |  |     |                          |  |
| D<br>A<br>T | Com 100 Fayetteville St/ehle Dr, Winston  |  |                    |                      |             |             |                   |  |      |        |                       |                |   |  |   | -salem NC 412<br>  Victim Residence Type |     |                          |  |
| A           | #3  | Jime i   | ncident            |                      |             |             |                   | ☐ Att Premise Type ☐ Com               |      |        |                       |                |   |  | ☐ Single Family ☐ Multi Family              |  |     |                          |  |
| МО          |   |  | d or Con<br>MITTEI |                      |             |             |                   |  |      |        |                       |                | Forcible  Yes  No                               | X N/A  | We  | apon / Too                               | ols |                          |  |
|             | # of V  | ictims   | Type               | ☐ Person             |             | Business    | inancial Instit   | uto                                    |      | Injury | ☐ None<br>Broken Bone |                |   | _  | of Teeth Drug/Alcohol Use:  Tyes Unknown    |  |     |                          |  |
| V           | 1   |  | ☐ Re               | ligious 🔲 L.E. Of    | ficer       | Line of Du  |                   |  | nown | . –    | nternal 🔲             | Uncor          |   | Other  | r Major ⊠ No □N/A                           |  |     |                          |  |
| C<br>T      | V1  | Victim/  |                    | Name (Last, First,   | Mid         | dle)        |                   | Victim of Crime # DOB / Age            |      |        |                       |                | 3 / Age   | Race   | Sex   | Relations<br>To Offen                    | ler | Resident Status Resident |  |
| I<br>I<br>M | 1   |  | DA                 | TA OMITTED           |             |             | 1,                |  |      |        |                       |                |   |  |   |  |     | ☐ Non-Residen ☐ Unknown  |  |
| IVI         | Home  | Addre  | ss                 |                      | D.          | ATA OMI     | TA OMITTED        |  |      |        |                       |                |   | Home Phone   |   |  |     |                          |  |
|             | Emplo   | yer Na   | me/Add             | ress                 | ATA OMITTED |             |                   |  |      |        |                       | Business Phone |   |  |   |  |     |                          |  |
|             | VYR Make Model Style  |  |                    |                      |             |             | Color Lic/Lis Vin |  |      |        |                       |                | Vin   |  |   |  |     |                          |  |
|             |   |  |                    |                      |             |             |                   |  |      |        |                       |                |   |  |   |  |     |                          |  |
| O<br>T      |   |  |                    |                      |             |             |                   |  |      |        |                       |                |   |  |   |  |     |                          |  |
| H<br>E      |   |  |                    |                      |             |             |                   |  |      |        |                       |                |   |  |   |  |     |                          |  |
| R<br>S      |   |  |                    |                      |             |             |                   |  |      |        |                       |                |   |  |   |  |     |                          |  |
| I           | DATA OMITTED  |  |                    |                      |             |             |                   |  |      |        |                       |                |   |  |   |  |     |                          |  |
| N<br>V      |   |  |                    |                      |             |             |                   |  |      |        |                       |                |   |  |   |  |     |                          |  |
| v<br>O<br>L |   |  |                    |                      |             |             |                   |  |      |        |                       |                |   |  |   |  |     |                          |  |
| V<br>E      |   |  |                    |                      |             |             |                   |  |      |        |                       |                |   |  |   |  |     |                          |  |
| D           |   |  |                    |                      |             |             |                   |  |      |        |                       |                |   |  |   |  |     |                          |  |
| Status      | us L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found |  |                    |                      |             |             |                   |  |      |        |                       |                |   |  |   |  |     |                          |  |
| Codes       | (Chec<br>Victim   | k "OJ"   | column             | if recovered for oth | er ju       | risdiction) |                   |  |      |        |                       |                | Τ   |  |   |  |     |                          |  |
|             | #   | DCI<br>13  | Status<br>EVID     | Value                | OJ          | QTY 1 (     | (40) FIREARM      | Property Description  MS/AMMUNITION    |      |        |                       |                | Make/Model Serial Numb GLOCK/22 Gen 5 DATA OMIT |  |   |  |     |                          |  |
| P .<br>R    |   |  |                    |                      |             |             |                   |  |      |        | FOR INFORMATION       |                |   |  |   |  |     |                          |  |
|             |   |  |                    |                      |             |             |                   |  |      |        |                       |                |   |  |   |  |     | ECURITY                  |  |
| O P         |   |  |                    |                      |             |             |                   |  |      |        |                       |                |   |  |   |  | P   | URPOSES                  |  |
| E ·         |   |  |                    |                      |             |             |                   |  |      |        |                       |                |   |  |   |  | ONL | Y THE FIRST              |  |
| R<br>T      |   |  |                    |                      |             |             |                   |  |      |        |                       |                | TWELVE PROPERTY                                 |  |   |  |     |                          |  |
| Υ .         |   |  |                    |                      |             |             |                   |  |      |        |                       |                | ITEMS ARE                                       |  |   |  |     |                          |  |
|             |   | <del>                                     </del> |                    |                      |             |             |                   |  |      |        |                       |                | DISPLAYED ON P2C REPORTS                        |  |   |  |     |                          |  |
|             |   |  |                    |                      |             |             |                   |  |      |        |                       |                |   |  |   |  |     |                          |  |
|             |   |  | ehicles S          |                      |             | mber Vehic  | cles Recovere     | -                                      |      |        |                       |                | C   | C:   |   |  |     |                          |  |
| ID          |   | RCAD   |                    | II. (16254)          |             |             |                   |  |      |        |                       |                |   |  | ure<br>A <i>N, M. R. (16168)</i>            |  |     |                          |  |
| Status      | Comp  | ainant   | Signatur           | e                    |             |             | ☐ Further         | ☐ Inactive ☐ Cleared by Arrest         |      |        |                       |                | Loc   | Refuse to Cooperate  |   |  |     |                          |  |
| .,          |   |  |                    |                      |             |             | ☐ Closed          |  |      | ısted  | Cleared               |                | rest by And                                     | other Ag   | gency                                       | Declined                                 |     | Page 1                   |  |