| I N | Agenc | y Name | | NSTON-SALE | M P | POLICE | IN | CIDENT/INVESTIGATION REPORT | | | | | OCA 2441347 | | | | | | | | |
|-----------------|--|---|-----------|----------------------|-------|--------------|-----------------|-------------------------------------|----------|-------------------------------------|-----------------------|--|---------------------|---|---|--|---------|--------------------|------|--|--|
| C | ORI | NC | NC 032 | 10200 | | | | REPORT | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time 11 16 2024 05:52 Hrs. | | | | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | | ☐ Att At Found | | | | | | | | | | | |
| N | #1 | | | | mid | ation Na | on Physical | □ A DXIC | ·· I 1 | Month | Day Yr | 1 | 'ime | | | | T | 'ime | F ±S | | |
| T | | Communicating Threats -intimidation, Non Physical | | | | | | | | X Com 11 16 2024 05:52 Ha | | | | | | rs 11 16 2024 05:51 Hrs. Offense Tract | | | | | |
| D A | #2 | | | | | | | ☐ Com 1400 Birkner Av, Winston-sale | | | | | | em NC 27103 323 | | | | | | | |
| T | #31 Part Par | | | | | | | | | | | | | | Victim Residence Type | | | | | | |
| A | | | | | | | | | Com | | | | | ☐ Single Family ☐ Multi Family | | | | | | | |
| MO | How Attacked or Committed DATA OMITTED | | | | | | | | | | | | Forcible Yes [| X N/A | Wea | apon / Too | ls | | | | |
| V | | | | | | | | | | | | | | | | hol Use | - | | | | |
| | | ictinis | | | _ | Business F | inancial Instit | ute | | 1 | ☐ None Broken Bone | | | | | - | | Unkno | own | | |
| | T ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ No ☐ N/A | | | | | | | | | | | | | | | | | | | | |
| I C | | | | | | | | | | | | | | | ce Sex Relationship To Offender Resident Status | | | | | | |
| T | V1 | | DA | TA OMITTED | | | | Crime # | | 65 | | | | | ☑ Non-Re | | | | | | |
| I M | | | | | | | | | | | 1, | | | W | $M \mid INE \mid \square$ Unk | | | | | | |
| | Home | Addre | ss | | | D | ATA OMI | TTED | | | | | | Home Phone | | | | | | | |
| , | Employer Name/Address DATA OMIT | | | | | | | | | TTED | | | | | Business Phone | | | | | | |
| , | VYR Make Model Style | | | | | | Color | Lis | Vin | | | | | | | | | | | | |
| | | | | | | | ı | I | | | | | | | | | | | | | |
| O | | | | | | | | | | | | | | | | | | | | | |
| T H | | | | | | | | | | | | | | | | | | | | | |
| E R | | | | | | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | | | | | | |
| | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| I N | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| V | V O | | | | | | | | | | | | | | | | | | | | |
| I O | | | | | | | | | | | | | | | | | | | | | |
| V | | | | | | | | | | | | | | | | | | | | | |
| E D | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Status | us L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found | | | | | | | | | | | | | | | | | | | | |
| Codes | (Chec | k "OJ" | column | if recovered for oth | er ju | risdiction) | Z = Scized | D – D | urne | u C = C(| Junterrent / 1 | orgeu | T = T Outi | u | | | | | | | |
| P - R - O | Victim # DCI Status Value C | | | | | QTY | | Property Description | | | | | Mak | e/Mo | del | el Serial Number | | | | | |
| | | | | | | | | | _ | | | | | | | DATA | A OMITT | ED | | | |
| | | | | | | | | | | | | | | | | | | FOR | | | |
| | | | | | | | | | | | | | | | | | | ORMATIO | | | |
| | | | | | | | | | | | | | | | | | | ECURITY JRPOSES | | | |
| Ρ. | | | | | | | | | | | | | | | | | г | JKFOSES | | | |
| E · | | | | | | | | | | | | | | | | | ONLY | Y THE FI | RST | | |
| T Y | | | | | | | | | | | | | | | | | | E PROPE | | | |
| | | | | | | | | | | | | | | | | | | EMS AR | | | |
| | | | | | | | | | | | | | | | | | | PLAYED | | | |
| - | | | | | | | | | | | | | | | | | P2C | REPORT | is_ | | |
| - | Numb | er of V | ehicles S | tolen 0 | Nin | mher Vehi | cles Recovere | d 0 | | | | | | | | | | | — | | |
| | Office | r | | II | Э# | | Officer Sig | | | | | T | Supervisor | Signati | ıre | | | | | | |
| ID | ROL | DRIGU | | LANCO, R. D. (| | 39) | | | <u> </u> | | | | | | PISON, B. M. (15721) | | | | | | |
| Status | Comp | lainant | Signatur | e | | | Case Status | | | | | | | ocated | | | | | | | |
| | Inactive Inactive | | | | | | | | | | | ☐ Unfounded ☐ Located ☐ Extradition Declined ☐ Cleared by Arrest ☐ Refuse to Cooperate ☐ Cleared by Arrest by Another Agency | | | | | | | | | |
| | | | | | | | ☐ Closed | | | austed | ☐ Cleared ☐ Death o | by Ar | rest by And nder | ther Ag Prosec | Agency Page 1 | | | | | | |

DCI-600F