| I N C | Agenc | y Name | | NSTON-SALE | M P | OLICE | IN | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2442271 | | | | |
|--|--|--------------------------------|-----------|------------------------|----------------------|---|-------------------------------------|-------------------------------|---------|----------|-----------|--|--|----------------------|----------------------------------|-------------------|------------------------|----------------------|--|
| I | ORI | NC | NC 034 | 40200 | | | | | 1,5 | | | | | | Reported Day Yr | , | 쎄기키=5 me 51 Hrs. | | |
| D E | | | | | | | | I □ A | I | At Found | LSLN | ป Tl พ | T F S | 11 | | | 4 00: smt | | |
| N | #1 | Crime Incident(s) Trespassing | | | | | | | I i | Month | Day Yr | Т | 'ime | | | n Secure ay Yr | Time | : ' ' | |
| T | | Crime I | ncident | Trespassi | | ☐ Att Location of Incident Location of I | | | | | | s 11 23 2024 00:50 Hrs. Offense Tract | | | | | | | |
| D A | #2 | | | | | | | | | | k Summit | Rd, V | Vinston-s | alem i | VC 2 | 7105 | 122 | | |
| T | #3 Crime Incident | | | | | | | | | | | | | | Victim Residence Type | | | | |
| A | □ Com | | | | | | | | | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Con | | | | | | | | | | Forcible Yes | X N/A | Wea | pon / Tools | | | |
| | | | | | | | | | | | | | | | | | | | |
| V | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | |
| | 1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Severe Lacerations Internal Unconscious Other Major N/A | | | | | | | | | | | | | | | | | | |
| V I | | Victim/ | | Name (Last, First, | | | aty 🔲 Out | 217 CHKI | 10 W 11 | <u> </u> | Victim of | | 3 / Age | - | Sex Relationship Resident Status | | | | |
| C T | V1 | | | | | ĺ | | | | | Crime # | | .,8- | | | To Offender | : | esident | |
| I | ` - | | DA | TA OMITTED | | | | | | | 1, | | | | | | | n-Resident iknown | |
| M | Home | e Addre | ess | | | | ATA OMIT | PTED | | | - | | | 1 | Home Phone | | | | |
| | Empl | over Na | me/Add | ress | | | | OMITTED | | | | | | | Business Phone | | | | |
| | | | | | | | ATA OMITTED | | | | | | | Business Filone | | | | | |
| | VYR | M | ake | Model | St | tyle | Color | | Lic/l | Lis | | | Vin | | | | | | |
| O T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | | |
| Status | s 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 other | er jur | risdiction) | | | | | | | 1 | | | | | | |
| | Victin # | DCI | Status | Value | Property Description | | | | | | | | e/Mod | | erial Nu | | | | |
| P - | | PCA OTHE 1 | | | | | | 2014 BLU , KBA3118 NC | | | | | | | tima | D | | /IITTED | |
| | | | | | | | | | | | | | | | | | FO | | |
| | | | | | | | | | | | | | | | | 1 | NFORM | | |
| R O | | | | | | | | | | | | | | | | | SECU: | | |
| Р. | | | | | | | | | | | | | | | | | PUKP | OSES | |
| Е - | | | | | | | | | | | | | | | | 0 | NI V TH | IE FIRST | |
| R T | | | | + | | | | | | | | | | | | | | OPERTY | |
| Y | | | | + | | | | | | | | | | | | 1 ** L | ITEMS | | |
| | | | | | | | | | | | | | | | | Г | | YED ON | |
| | | | | | | | | | | | | | | | | | P2C REI | | |
| | | | | | | | | | | | | | | | | | | | |
| • | Numl | er of V | ehicles S | Stolen 0 | Nu | mber Vehi | cles Recovere | d 0 | | | | | <u> </u> | | | | | | |
| | Office | r | | ID | | | Officer Sig | | | | | | Supervisor | Signat | ıre | | | | |
| ID | | | | (16350) | | Ŭ | ŴHIT | | | | | | | E, R. D. (15708) | | | | | |
| | Comp | lainant | Signatur | re | | | Case Status | | | | | | | eated | | — E | tradition | Declined | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive /Cleare | ed | | ☐ Cleared | l by Ar l by Ar | ☐ Loc rest ☐ rest by And nder ☐ |] Refuse other Ag | gency | ooperate r | | Declined ge 1 | |

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