| | Agency Name INCIDENT/INVESTIGATION OCA | | | | | | | | | | | | | | | | | |
|-----------------------|--|---------|-----------|------------------------------------|-------|------------------------|---|---|-------|---------|--|----------|----------------------------|---|----------------|-----------------------------|--|--|
| I N | Agenc | y name | | NSTON-SALE | OLICE | INCIDENT/INVESTIGATION | | | | | | | OCA 2443882 | | | | | |
| I . | ORI | | | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | | |
| D | | | NC 034 | | | <u> </u> | | | | | | | 12 06 2024 04:22 Hrs. | | | | | |
| E N | #1 | Crime I | ncident(s | , | | | | Att At Found SMTWTFS Month Day Yr Time | | | | | | Last Known Secure SMTWTFS Month Day Yr Time | | | | |
| Τ. | T Breaking & Entering With Force \square Com 12 06 2 | | | | | | | | | | | | | s 12 | 0 | | 04:21 Hrs. | |
| D | Com 1274 Clara Contar Dr. Wington | | | | | | | | | | | | | | | alem NC 27284 Offense Tract | | |
| A T | 112 | Crime I | ncident | | | | | ☐ At | _ | emise T | | , winsio | n-saiei | Victim Residence Type | | | | |
| A | #3 | | | | | | | Com | | | | | | |] Single Famil | ly □Multi Family | | |
| МО | | | d or Con | | | | | | | | | | Forcible | DT NI/A | Wea | apon / Tools | | |
| МО | DATA OMITTED Pres N/A No | | | | | | | | | | | | | | | | | |
| V I | # of V | ictims | Type | Person | X | Business | | | | Injury | ☐ None | | linor [|] Loss o | f Teet | h Drug/Al | cohol Use: | |
| | 1 | | . – | ciety Governm | | _ | Financial Institu | | | _ | Broken Bone | | Severe | | | | | |
| | | Victim/ | | ligious L.E. Of | | | uty Otne | er/Unkn | own | | nternal Victim of | | | ┽ | <u> </u> | r ⊠ No Relationship | □N/A Resident Status | |
| C T | Crime # | | | | | | | | | | | | | | | To Offender | Resident Resident | |
| I | I DATA OMITTED | | | | | | | | | | | 1, | | | | | ☐ Non-Resident ☐ Unknown | |
| М - | Home | e Addre | ess | | | | | | | | | | | | Home Phone | | | |
| | | | | | | ATA OMIT | ÍTTED | | | | | | | | | | | |
| | Empl | oyer Na | me/Add | ress | | D | ATA OMI | ATA OMITTED | | | | | | Business Phone | | | | |
| • | VYR | M | ake | Model | S | tyle | Color Lic/Lis Vin | | | | | | Vin | | | | | |
| | | | | | | | | | | | | | | | | | | |
| O T H E R | | | | | | | | | | | | | | | | | | |
| S | DATA OMITTED | | | | | | | | | | | | | | | | | |
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| V O L | | | | | | | | | | | | | | | | | | |
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| D | | | | | | | | | | | | | | | | | | |
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| Status Codes | | | | R = Recovered if recovered for oth | | | Z = Seized | $\mathbf{B} = \mathbf{B}$ | urned | C = Cc | ounterfeit / F | orged | F = Four | nd | | | | |
| Coucs | Victin | 1 | | | | ΙÍ | | | | | | | | | | | | |
| | # DCI Status Value OJ QTY 1 31 OTHE 1 | | | | | | Property Description FRONT DOOR | | | | | | | Mak | e/Mo | | rial Number TA OMITTED | |
| | | 31 | OTTE | | | 1 | I KOM DOO | | | | | | | | | | FOR | |
| | | | | | | | | | | | | | | | | IN | FORMATION | |
| P - R _ | | | | | | | | | | | | | | | | | SECURITY | |
| O P | | | | | | | | | | | | | | | | | PURPOSES | |
| Р Е - | | | | | | | | | | | | | | | | ON | I V THE FIDOT | |
| R T | | | | | | | | | | | | | | | | | LY THE FIRST VE PROPERTY | |
| Y | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | SPLAYED ON | |
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| | | | ehicles S | | | mber Veh | icles Recovere | | | | | | | | | | | |
| ID | Office MIL | | A. B. (| II 16122) |)# | | Officer Signature Supervisor Signature MULGREW, M. J. (14746) | | | | | | | | | | | |
| - | | | Signatur | | | | 1 | Case Status Case Disposition: | | | | | | , , | | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed | tive /Cleare | d | | ☐ Unfoun☐ Cleared☐ Cleared | by Aı | |] Refuse | | Extrooperate | adition Declined | |
| | | | | | | | ☐ Closed | /Leads | Exhau | sted | Death o | | | | | Declined | Page 1 | |