| I N | Agenc | y Name | | NSTON-SALE | POLICE | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2444617 | | | | | | | | | |
|-------------|---|---|--------------------|----------------------|----------------------|-------------------------------|---------------------|--|--------|---|------------------------------------|------------------------------|---------------------|--|---|-------------|-------------------------|---------|--|--|--|--|
| C | ORI | NC | NC 034 | 10200 | | | | | Kı | LPC | /K I | | | | | ~ -t | M T W Time 12:59 | | | | | |
| D E | | | ncident(s | | | ☐ Att | l At F | Found | SN | 1 T W | ∓ F S | 12 Last | | | | иrs. ⊒Fs | | | | | | |
| N T | #1 | | ` | Shoplift | | ☐ Att | Mon | th | Day Yr | ` T | ıme | | | y Yr | Time | | | | | | | |
| | #2 Crime Incident | | | | | | | X Com 12 12 2024 12:59 Ha Att Location of Incident | | | | | | rs 12 12 2024 12:58 Hrs. Offense Tract | | | | | | | | |
| D A | Com 1229 Silas Creek Pw, Winston-sale | | | | | | | | | | | | | | NC 2 | 7127 | 412 | | | | | |
| T | #3 | Crime I | ncident | | | | | ☐ Att | | nise Ty | pe | | | | Victim Residence Type | | | | | | | |
| A | □ Com | | | | | | | | | | | | | | | Single Fami | ly ∏Multi | Family | | | | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes No | X N/A | Wear | oon / Tools | | | | | | |
| | # of Victims Type Person Mainess Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | e: | | | | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | known | | | | | | |
| V | T ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☒ No ☐ N/A | | | | | | | | | | | | | | | | | | | | | |
| I C | Crime # | | | | | | | | | | | | | | e Sex Relationship Resident Status To Offender Resident | | | | | | | |
| T I | V1 | | DA | ΓΑ OMITTED | | | | | | | 1, | | | | Non-Residen | | | | | | | |
| M | | - 4 1 1 | | | | | | | | | 1, | | | | Home Phone Unknown | | | | | | | |
| | Home | e Addre | SS | | | D | ATA OMI | ΓTED | | | | | | | Home Phone | | | | | | | |
| | Empl | oyer Na | me/Add | ATA OMITTED | | | | | | | Business Phone | | | | | | | | | | | |
| | VYR Make Model Style | | | | | | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | |
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| Status | I. = I. | ost S | = Stolen | R = Recovered | D = | Damaged | Z = Seized | B = Bu | rned (| C = Cc | unterfeit / F | Forged | F = Four | ıd | | | | | | | | |
| Codes | (Chec | k "OJ" | column | if recovered for oth | ner jui | risdiction) | Z - Scized | | - Inca | | | | 1 -1 041 | | | | | | | | | |
| P - R - | Victim # | DCI | Status | Value | Property Description | | | | | | | Mak | e/Mode | el So | rial Numb | er | | | | | | |
| | | | | | | | FILA ATHLETIC PANTS | | | | | | | FILA/Fi | la | DA | ТА ОМІТ | TED | | | | |
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| | | | ehicles S | - | | mber Vehi | cles Recovere | | | | | | | | | | | | | | | |
| ID | | | SCL | | D# | | Officer Sig | nature | | Officer ID# Officer Signature Supervisor Signature WAGONER, | | | | | | | | | | | | |
| ID | | | | | | Case Status Case Disposition: | | | | | | | ONER, S. D. (15802) | | | | | | | | | |
| | Comp | ☐ Further Investigation ☐ Unfounded ☐ Located | | | | | | | | | | | | | | | | | | | | |
| | Comp | Tamani | Digitatur. | C | | | ☐ Further | Investig | ation | | ☐ Unfoun | ded | Loc | ated | . ~ | | adition De | eclined | | | | |
| Status | Comp | ramant | Signatur | | | | | Investigive /Cleared | | | Case Dispos Unfoun Cleared Cleared | ided l by Ari l by Ari | rest rest by And | Refuse other Ag | ency | operate | radition De | | | | | |

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