|   | Agency Name INCIDENT/INIVESTIGATION OCA   |   |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  |             |                    |  |
|---|---|---|--------------------|------------------------------------|-----|-------|---|----------------------------|-------|--------|-------------------|-----------------------|---------------|---|--|-------------|--------------------|--|
| I<br>N  | Agenc   | y Namo  |                    | NSTON-SALE                         | M P | OLICE | INCIDENT/INVESTIGATION REPORT                               |                            |       |        |                   |                       |               | OCA 2444683   |  |             |                    |  |
| C   | ORI   | NC  | NC 034             | 40200                              |     |       | 1   |                            | ı     | KEP    | JKI               |                       |               |   |  | Reported S  | Time               |  |
| D<br>E  |   |   | ncident(s          |                                    |     |       | Att At Found SMTWIFS Month Day Yr Time                      |                            |       |        |                   |                       |               | 12   12   2024   19:28 Hrs.<br>  Last Known Secure   SMT W = FS   Month Day Yr   Time |  |             |                    |  |
| N<br>T  | #1  |   | `                  | Larceny- All                       | Oth | ner   |   | IXI Co                     | M     | onth   | _                 |                       |               | 1   |  | 8   2024    | Time               |  |
| D   | #2  | Crime I   | ncident            |                                    |     |       | Da Com   12   12   2024   19:28   Hx   Location of Incident |                            |       |        |                   |                       | 7.20          | Offense Tract   |  |             |                    |  |
| Α   | ☐ Com 815 E Twenty-first St, Winston-s  |   |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  |             |                    |  |
| T<br>A  | #3  | Crime I   | ncident            |                                    |     |       | ☐ Att Premise Type ☐ Com                                    |                            |       |        |                   |                       |               | Victim Residence Type ☐ Single Family ☐ Multi Family                                  |  |             |                    |  |
|   | How   | Attacke   | d or Con           | nmitted                            |     |       |   |                            | ЛП    |        |                   |                       | Forcible      |   |  | pon / Tools | iy 🗌 Mulu Falliliy |  |
| MO  |   |   |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  | pon, 10015  |                    |  |
| V<br>I  | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use: |   |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  | lcohol Use: |                    |  |
|   | 1   |   |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  |             |                    |  |
|   |   | Viotim  |                    | ligious L.E. Of Name (Last, First, |     |       | uty   Othe  | er/Unkn                    | nown  | I      | nternal           |                       |               |   | Other Major No NA  Race Sex Relationship Resident Status |             |                    |  |
| C   | V1  | v ictiiii/  |                    |                                    | MIG | uie)  |   |                            |       |        | Victim of Crime # | DOE                   | 3 / Age<br>47 | Race  |  | Co Offender |                    |  |
| T<br>I  | V 1   |   | DA                 | TA OMITTED                         |     |       |   |                            |       |        | 1,                |                       |               | $\mid B \mid$   | M  | 1RU         | ☐ Non-Resident     |  |
| M   | Home  | e Addre   | ess                |                                    |     |       |   |                            |       |        |                   |                       |               |   | Home Phone   |             |                    |  |
|   | F1  | NI-   | /A 11              |                                    |     |       |   | ATA OMITTED                |       |        |                   |                       |               |   |  |             |                    |  |
|   | Empi  | oyer Na   | me/Add             | ress                               |     | D     | OATA OMITTED  |                            |       |        |                   |                       |               | Business Phone  |  |             |                    |  |
| ,   | VYR   | M   | ake                | Model                              | Sı  | tyle  | Color   Lic/Lis   Vin                                       |                            |       |        |                   |                       | Vin           |   |  |             |                    |  |
| T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D |   | DATA OMITTED  |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  |             |                    |  |
| Status<br>Codes   |   |   |                    | R = Recovered if recovered for oth |     |       | Z = Seized  | B = B                      | urned | C = Cc | ounterfeit / F    | orged                 | F = Found     | i   |  |             |                    |  |
| Coucs   | Victin  | 1   |                    |                                    |     | ĺ     | Decements Description                                       |                            |       |        |                   |                       |               | Make/Model Serial Number  |  |             |                    |  |
| P -<br>R -  | # DCI Status Value OJ QTY 1 78 7   1  |   |                    |                                    |     |       | Property Description  CAMPER                                |                            |       |        |                   |                       |               | Mak<br>TRAV/T   |  |             | TA OMITTED         |  |
|   |   |   |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  |             | FOR                |  |
|   |   |   |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  | IN          | FORMATION          |  |
|   |   |   |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  |             | SECURITY           |  |
| O<br>P  |   |   |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  |             | PURPOSES           |  |
| Е.  |   |   |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  | ON          | LY THE FIRST       |  |
| R<br>T<br>Y   |   |   |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  |             | VE PROPERTY        |  |
|   |   |   |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  |             | ITEMS ARE          |  |
|   |   |   |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  |             | ISPLAYED ON        |  |
|   |   |   |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  | P           | 2C REPORTS         |  |
| -   | Numb  | Number of Vehicles Stolen 0 Number Vehicles Recovered 0 |                    |                                    |     |       |   |                            |       |        |                   |                       |               |   |  |             |                    |  |
|   | Office  | r   |                    | II                                 | )#  | 7 011 | Officer Sig   |                            |       |        |                   | T                     | Supervisor    | Signatu   | ıre  |             |                    |  |
| ID  |   |   | (15929<br>Signatur |                                    |     |       | MITC  |                            |       |        |                   |                       |               | HELL, J. R. (15672)   |  |             |                    |  |
| Status  | Comp  | iainant   | signatur           | c                                  |     |       | Case Status Further X Inact Closed                          | r Invest<br>ive<br>/Cleare | d     | 1      | ☐ Unfoun☐ Cleared | ded<br>by Ai<br>by Ai | rest by Ano   | Refuse<br>ther Ag   | ency   | Extroperate | Page 1             |  |