| I N | Agenc | y Name | | NSTON-SALE | OLICE | INCIDENT/INVESTIGATION | | | | | | | OCA 2446185 | | | | | |
|--|---|-----------------|--------------------|-----------------------|--------|------------------------|--|---|---|---------------------------|-------------------|--|---------------------|---|------------------------|---------------------------------|------------------------|--|
| C I D E | ORI | | | | | | REPORT | | | | | | | Date / Time Reported S M I M T F S Month Day Yr Time | | | | |
| | | | NC 034 | | │ │ | | | | | | | 12 24 2024 16:26 Hrs. Last Known Secure Month Day Yr SM I W T F S | | | | | | |
| N T | #1 | | | , 1g Threats -inti | mida | tion No | n Physical | ☐ Att ☐ Con | Mo | nth | Day 'Yr | | fime 5:26 Hrs | | | / Yr | Time 16:25 Hrs. | |
| D | | | ncident | | maan | | n i nysieu | □ Att | 14 | | of Incident | <i>+</i> 10 | 0:20 1115 | 12 | 24 | 2024 | Offense Tract | |
| A T A | \Box Com 2700 University Pw, Winston- | | | | | | | | | | | | | | | | 113 | |
| | #3 | rime I | ncident | | | | □ Att □ Cor | | mise I | уре | | | | | | ence Type iily ∏Multi Family | | |
| МО | | | d or Con MITTEI | | | | | | Forcible Weapon / Tools □ Yes XN/A □ No | | | | | | | | | |
| v | # of V | <i>v</i> ictims | •1 | X Person | | Business | | Injury 🖾 None 🗌 Minor | | | | | | Loss of Teeth Drug/Alcohol Use: | | | | |
| | 1 | | | ciety 🔲 Governn | | | nancial Institute Broken Bones Seve ty Other/Unknown Internal Unconscious | | | | | | Severe | ere Lacerations ☐ Yes ☐ Unknown ☐ Other Major ☑ No ☐ N/A | | | | |
| Ι | | Victim/ | | Name (Last, First | | | | | | | Victim of | | B / Age | Race | Sex Re | lationship | Resident Status | |
| C T | V1 | | DA | TA OMITTED | | | | | | | Crime # | | 29 | | | Offender | Resident | |
| I M | | A 11 | | | | | | | | | 1, | | | | | 1FR | Unknown | |
| | Home | e Addre | SS | | | D | ATA OMITTED | | | | | | | Home Phone | | | | |
| | Empl | oyer Na | me/Add | ress | | D | ATA OMITTED | | | | | | | Business Phone | | | | |
| | VYR | M | ake | Model | Color | L | ic/Lis | | | | Vin | I | | | | | | |
| H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | |
| Status Codes | L = L | ost S | = Stolen | R = Recovered | D = I | Damaged | Z = Seized | B = Bu | rned | $\mathbf{C} = \mathbf{C}$ | ounterfeit / F | orged | F = Found | d | | | | |
| - - - P - | Victim | | | Value | OJ | QTY | Property Description | | | | | | | Make | /Model | | erial Number | |
| | # DCI Status Value OJ Q1Y | | | | | | | | | | | | | WIAKC | WIOdel | | ATA OMITTED | |
| | | | | | | | | | | | | | | | | | FOR | |
| | | | | | | | | | | | | | | | | 1 | NFORMATION SECURITY | |
| R. O | | | | | | | | | | | | | | | | | PURPOSES | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | NLY THE FIRST | |
| T Y· | | | | | | | | | | | | | | | | TWE | LVE PROPERTY | |
| | | | | | | | | | | | | | | | | г | ITEMS ARE | |
| - | | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | - | | ber Vehic | cles Recovere | | | | | | C | Circu i | | | | |
| ID | | ABILI | | (16360) | D# | | Officer Sig | | | | | | Supervisor LANGI | DON, S | ie 5. <i>L</i> . (1 | 5223) | | |
| Status | Comp | lainant | Signatur | e | | | □ Further □ Inact | Case Status Case Disposition: □ Further Investigation □ Unfounded □ L □ Inactive □ Cleared by Arrest □ Closed/Cleared □ Cleared by Arrest by Arrest | | | | | | Decated Extradition Declined | | | | |
| | | | | | | | Closed | | xhaus | ed | \square Death o | | | Prosecu | | eclined | Page 1 | |