| I N | Agenc | y Name | · WIN |] IN | INCIDENT/INVESTIGATION | | | | | | | | OCA 2446201 | | | | | | | | |
|--|--|--|----------------------|-------------------|---------------------------------|-----------|---------------------------|---------------|------------|---------|-------|--------|------------------|---|--|----------------------|-------|-------------|------------------------|-----------------------------|--|
| C | ORI | NG | | | - | REPORT | | | | | | | | Date / Time Reported SM WTFS Month Day Yr Time | | | | | | | |
| D E | | | NC 034 | | | ☐ Att | | | | | | | | TIFIS | 12 24 2024 19:28 Hrs. Last Known Secure SMIW TFS Month Day Yr | | | | | | |
| N T | #1 | JIIIIC II | icident(s |) Overdos | e | | | | Com | Month | . I | | | | ime :28 Hrs | | | | Yr — | Time 19:27 Hrs | |
| D D | #2 | Crime I | ncident | - Crerues | | | | | | Locatio | | | | 19 | .20 111. | 3 12 | | 24 | | Offense Tract | |
| A | Com 3001 Laurel Hill Ct, Winston-sale | | | | | | | | | | | | | | alem 1 | | | | 314 | | |
| T A | #3 | rime I | ncident | | | | | | Att Com | Premise | e ryj | pe | | | | | | | n Residen gle Famil | ce 1ype y ∏Multi Famil | |
| МО | | | d or Com | | | | | | Forcible | | | | | | Forcible | Weapon / Tools | | | | | |
| МО | DATA OMITTED | | | | | | | | | | | | | | ☐ Yes ☐ No | <u>A</u> IN/A | | | | | |
| V | # of Victims Type | | | | | | | | | | | | | | | | | | | | |
| | 0 | | | igious L.E. Off | | | | | know | - | _ | | | | ☐ Severe | Lacera Other | | | | Unknown □N/A | |
| I C | Victim/Business Name (Last, First, Middle) Victim of DOB / Age | | | | | | | | | | | | | | | Race | Sex | | tionship offender | Resident Status Resident | |
| T I | VI DATA OMITTED | | | | | | | | | | | | e # | | | | | 100 | riteridei | ☐ Non-Resider | |
| M | Home | | | | | | | | | | Hor | ne Pho | one | Unknown | | | | | | | |
| | DATA OMI | | | | | | | | | ГТЕD | | | | | | | | | | | |
| | Emplo | oyer Na | me/Addı | ress | ATA OMI | OMITTED | | | | | | | | Business Phone | | | | | | | |
| ' | VYR | M | ake | Model | Sty | le | Color | | Lic | :/Lis | | | | | Vin | ' | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | | | |
| | Victim # | | Property Description | | | | | | | | Mak | ce/Mo | odel | Sei | rial Number | | | | | | |
| - - P - R | π | # DCI Status Value OJ QTY Property Description | | | | | | | | | | 17141 | 10, 111 | 7007 | | TA OMITTED | | | | | |
| | | | | | _ | | | | | | | | | | | | | | IN | FOR FORMATION | |
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| ο . | | | | | | | | | | | | | | | | | | | | PURPOSES | |
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| R T Y | | | | | _ | | | | | | | | | | | | | | | LY THE FIRST VE PROPERTY | |
| | | | | | + | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | + | | | | | | | | | | | | | | | SPLAYED ON | |
| | | | | | | | | | | | | | | | | | | | P2 | C REPORTS | |
| - | | 2.7 | 1., ~ ~ | | \prod | | 1 0 | | | | | | | | | | | | | | |
| | Numb | | ehicles S | tolen 0 | | ber Vehic | cles Recovere Officer Sig | | 0 e | | | | | 1 | Supervisor | Signati | ure | | | | |
| ID | $VA\lambda$ | | | МССАRŤНҮ, D. J. | | | | | | | | | J. (1 | 5427) | | | | | | | |
| | Comp | lainant | Case Status | | Case Disposition: Investigation | | | | | | | | | □ Extra | adition Declined | | | | | | |
| Status | | | | | | | ☐ Inact | tive /Clea | ıred | | | | leared leared | by Ar by Ar | rest E |] Refuse other Ag | gency | Cooper / | ate | Page 1 | |