| I N | Ageno | cy Nam | | NSTON-SALE | M P | POLICE | IN | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2482426 | | | | | | |
|--|---|--|-----------|-----------------|-----------------------------|-----------|-------------------------------------|----------------------------------|-------|----------|--------------------|----------------------------|-------------------|----------------------|---|--------------------|------|---------|-------------------|--|--|
| C | ORI | NC | NC 034 | 40200 | | | | REPORT | | | | | | Month Day Yr Time | | | | | T ¥ S | | |
| D E | | | ncident(s | | | | <u> </u> | | tt I | At Found | S | MTW | TÆS | 07 Last | | | | | Hrs. | | |
| N T | #1 | | | | | | | | | Month | Day Y: | r '] | ime 5:02 Hrs | | | n Secure ay Yr | T | ime | Hrs. | | |
| | #2 | Crime I | ncident | Snopilyin | | | | DX C | - | | cation of Incident | | | 31 07 | 07 12 2024 10 Office | | | | | | |
| D A | Com 1040 Hanes Mall Bv, Winston | | | | | | | | | | | | | | | | | | | | |
| T A | #3 Crime Incident | | | | | | | | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | | |
| | How Attacked or Committed Forcible | | | | | | | | | | | | | | | pon / Too | _ | Multi | Family | | |
| MO | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| | # of Victims Type Person Ty Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | | | |
| | ☐ Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unknown | | | | | | | | | | | | | | | | | | | | |
| V | I □ Religious □ L.E. Officer Line of Duty □ Other/Unknown □ Internal □ Unconscious □ Other Major □ No □ N/A | | | | | | | | | | | | | | | | | | | | |
| I C | Victim/Business Name (Last, First, Middle) Victim of Crime # Victim business Name (Last, First, Middle) Rac Rac | | | | | | | | | | | | | | e Sex Relationship Resident Status To Offender Resident | | | | Status | | |
| T | V1 | | DA' | TA OMITTED | | | | | | | | | | | | To Official | | | Resident | | |
| I M | | A 11 | | | | | | | | | 1 | | | | ☐ Unknown | | | | | | |
| | Hom | e Addre | ess | | | D | ATA OMI | ΓTED |) | | | | | | Home Phone | | | | | | |
| | Empl | loyer Na | ame/Add | ress | | D | ATA OMI | ГТЕО |) | | | | | | Business Phone | | | | | | |
| | VYR | ΙM | ake | Model | | | | | | | Vin | | | | | | | | | | |
| | | | | | | tyle | | | | | | | | | | | | | | | |
| H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Che | ost S | = Stolen | R = Recovered | D= | Damaged | Z = Seized | $\mathbf{B} = \mathbf{E}$ | Burne | cd C = C | ounterfeit / | Forged | F = Four | ıd | | | | | | | |
| | Victim DGI GU DI | | | | | | | | | | | | | 3.6.1 | 24 | 1.1 | g . | 137 1 | | | |
| | # 1 | DCI 42N | Status 7 | Value | Property Description LEGOS | | | | | | | Mak LEGO/ | ce/Mod 50387 | | | l Numb | | | | | |
| P . | 1 | 1 42N 7 1 1 99 7 1 | | | | | | OTHER | | | | | | | Construx/Po FOR | | | | | | |
| | | | | | | | | | | | | INFORMATION | | | | | | | | | |
| R. | | | | | | | | | | | | | | | | | | CURIT | | | |
| O P . | | | | | | | | | | | | | | | | | PU | JRPOSI | 28 | | |
| Е - | | | | | | | | | | | | | | | | | ONLY | THE F | FIRST | | |
| R T | | | | | | | | | | | | | TWELVE PROPERTY | | | | | | | | |
| Υ . | | | | | | | | | | | | | | | | | IT | EMS A | RE | | |
| | | | | | | | | | | | | | | | | | | LAYEI | | | |
| | | | | | | | | | | | | | | | | | P2C | REPOI | RTS | | |
| - | Numb | or of V | ehicles S | Stolen 0 | No | mbor Vobi | cles Recovere | d 0 | | | | | | | | | | | — | | |
| | Office | | emeies S | otolen <i>U</i> | | moer veni | Officer Sig | | | | | 1 | Supervisor | Signat | ıre | | | | \longrightarrow | | |
| ID | RAT | <i>[LIFF</i> | | (15687) | •• | | | RATI | | | | | | | | JFF, K. D. (15687) | | | | | |
| Status | Comp | olainant | Signatur | e | | | Case Status Further Inact Closed | Investive /Cleare | ed | | Case Dispo | nded d by Ai d by Ai | rest by And |] Refuse other Ag | gency | Declined | | tion De | | | |

DCI-600F