| I N | Agenc | y Name | | NSTON-SALE | M P | OLICE | IN | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2482444 | | | | |
|---|--|----------|-----------|------------|-----------------------|-----------|-------------------------------------|---|-------|-----------|----------------------------|-----------------------|------------------------------|----------------------|---|--------------------|--------|---------------------------|--|
| I C | ORI | NC | NC 034 | 10200 | | | 1 | | | KEP | JKI | | | Date / Mon | Time th | Reported Day Y | | TWTFS | |
| D E | 10 | | ncident(s | | | | | | 44 T | At Found | LsIn | d Tlw | THS | 07 | | | | Time 15:53 Hrs TWTF | |
| N | #1 | orinic r | ileraem(s | Trespassi | ina | | | □ A DXC | ۱ ا ۲ | Month | | | TFS | | | n Secure Day Yr | T | lme | |
| Τ. | <u> </u> | Crime I | ncident | Trespussi | ng | | | X Com 07 14 2024 15:19 F Att Location of Incident | | | | | | | rs 07 14 2024 15:19 Hrs Offense Tract | | | | |
| D A | #2 | | | | | | | | | 310 W | Fourth St | Apt | 310B, Wi | nston- | sale | m NC | | 111 | |
| T | #3 | Crime I | ncident | | | | | □ A | | Premise T | ype | | | | | Victim Resi | | * * | |
| A | Com | | | | | | | | | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| MO | How Attacked or Committed DATA OMITTED Forcible Yes ▼N/A | | | | | | | | | | | | | | | Weapon / Tools | | | |
| | | | | | | | | | | | | | | | | 1.7.7 | | | |
| | # 01 V | 'ictims | Type | ☐ Person | | Business | inancial Inctit | ite | | Injury | ☐ None | .c □ M | | Loss o | | | | | |
| V | 2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Internal Unconscious Other Major | | | | | | | | | | | □N/A | | | | | | | |
| I | Victim/Business Name (Last, First, Middle) Victim of DOB / Age Race | | | | | | | | | | | | | | | Relationsh | ip Re | esident Status | |
| C T | V1 | | DA' | ГА ОМІТТЕО | | | | | | | Crime # | | | | | To Offend | | Resident Non-Resider | |
| I | | | DΛ | IA OMITTED | | | | | | | 1 | | | | | | | Unknown | |
| M | Home | Addre | ess | | | D | ATA OMI | ГТЕО |) | | | | | • | Home Phone | | | | |
| | Empl | oyer Na | me/Add | ress | | | 'A OMITTED | | | | | | | Business Phone | | | | | |
| | VYR | M | ake | Model | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | |
| | | | | | | • | | | | | | | | | | | | | |
| T H E R S I N V O L V E D | | | | | | | DATA | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | Mak | ce/Mo | del | Serial | Number | |
| - | | | | | | | | | | | | | | | |] | | OMITTED | |
| | | | | | | | | | | | | | | | | | | FOR | |
| Р - | | | | | | | | | | | | | | | | | | RMATION | |
| R O | | | | | | | | | | | | | | | | | | CURITY RPOSES | |
| Р. | | | | | | | | | | | | | | | | | PU | KPUSES | |
| E · R · T · Y · · | | | | | | | | | | | | | | | | | ONLY | THE FIRST | |
| | | | | | | | | | | | | | | | | | | PROPERTY | |
| | | | | | | | | | | | | | | | | | | EMS ARE | |
| | | | | | | | | | | | | | | | | | DISPI | LAYED ON | |
| - | | | | | | | | | | | | | | | | | P2C | REPORTS | |
| _ | | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | - | | mber Vehi | cles Recovere | | | | | | | | | | | | |
| ID | Officer ID# Officer Signature Supervisor Signat RATLIFF, K. D. (15687) Officer Signature RATLIFF, K. D. (15687) | | | | | | | | | | | | | Signati | ure D | (15687) | | | |
| ıD | | | Signatur | | | | Case Status | Case Status Case Disposition: | | | | | | IFF, K. D. (15687) | | | | | |
| Status | mp | | <u>G</u> | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | Investive /Cleare | ed | on | ☐ Unfoun☐ Cleared☐ Cleared | ded by Ar by Ar | Loc rest [rest by And |] Refuse other Ag | gency | ooperate | | ion Declined Page 1 | |

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