| I<br>N   | Agenc   | y Name                    |                    | VSTON-SALE           | M P        | OLICE     | INCIDENT/INVESTIGATION |                      |        |        |                                 |               |   | OCA 2505379  |                        |               |                                |  |
|--|---|---------------------------|--------------------|----------------------|------------|-----------|------------------------|----------------------|--------|--------|---------------------------------|---------------|---|--|------------------------|---------------|--------------------------------|--|
| C ·<br>I   | ORI   |                           |                    |                      | 0 21 0 2   | REPORT    |                        |                      |        |        |                                 |               | Date / Time Reported S M T W T F S<br>Month Day Yr Time |  |                        |               |                                |  |
| D  | — T.  |                           | NC 034             |                      |            |           |                        |                      |        |        |                                 |               | 02   16   2025   02:31 Hrs.                             |  |                        |               |                                |  |
| E<br>N   | #1  | frime I                   | ncident(s          | ·                    | <b>r</b> . |           |                        | Att                  | Mor    |        | Day Yr                          | T:            | T F S<br>ime  |  | nown S<br>h Day        | Yr '          | <u>_</u> S M T W T F S<br>Time |  |
| T.   |   | Crime I                   | ncident            | Discharging          | Fire       | arm       |                        | ⊠ Con<br>□ Att       | 02     |        | <u>16   2025</u><br>of Incident | 5   02:       | -31  Hrs  | 02   | 16                     | 2025          | Offense Tract                  |  |
| D<br>A   | #2  |                           |                    |                      |            |           |                        | $\Box$ Con           | 1      |        | tarlight Di                     | r, Win        | ston-sale   | em NC  | 27107                  | ,             | 212                            |  |
| Т  | #3 Crime Incident   |                           |                    |                      |            |           |                        |                      |        |        |                                 |               |   |  |                        |               | ence Type                      |  |
| А  |   | 1                         | 1 0                | 1. 1                 |            |           |                        | Con                  | n      |        |                                 |               | г 'I I  |  |                        | 0             | nily ∏Multi Family             |  |
| МО   |   |                           | d or Con<br>MITTEI |                      |            |           |                        |                      |        |        |                                 |               | Forcible<br>Yes [<br>No                                 | X N/A  | weapo                  | n / Tools     |                                |  |
|  | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: |                           |                    |                      |            |           |                        |                      |        |        |                                 |               |   |  |                        | Alcohol Use:  |                                |  |
|  | 1   |                           |                    | ciety □ Governm      |            |           | inancial Institu       |                      |        | _      | Broken Bone                     |               | Severe  |  | acerations Yes Unknown |               |                                |  |
| V<br>I   |   | Victim/                   |                    | ligious 🔲 L.E. O     |            |           | uty Othe               | er/Unknov            | wn     |        | Internal Victim of              |               |   | Other I  |                        | ationshi      |                                |  |
| C<br>T   | V1 Crime #  |                           |                    |                      |            |           |                        |                      |        |        |                                 |               |   |  | To                     | Offende       | r 🗖 Resident                   |  |
| Ι  |   |                           | DA                 | TA OMITTED           |            |           |                        |                      |        |        | 1,                              |               |   |  |                        |               | □ Non-Residen                  |  |
| M ·  | Home  | Addre                     | ss                 |                      |            |           |                        | TTED                 |        |        |                                 |               |   |  | Home P                 | hone          |                                |  |
|  | Employer Name/Address DATA OMITTED  |                           |                    |                      |            |           |                        |                      |        |        |                                 |               |   |  | Busines                | s Phone       |                                |  |
|  |   |                           |                    |                      |            |           |                        |                      |        |        |                                 |               | Vie   |  |                        |               |                                |  |
|  | VIK   | IVI                       | аке                | Model                | 3          | tyle      | Color                  |                      | IC/LIS |        |                                 |               | Vin   |  |                        |               |                                |  |
| 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   |   |                           |                    | R = Recovered        |            |           | Z = Seized             | B = Bur              | ned    | C = Co | ounterfeit / F                  | orged         | F = Foun  | d  |                        |               |                                |  |
| Codes  | Victim  |                           |                    | if recovered for oth |            | Ĺ         |                        |                      |        |        |                                 |               |   |  |                        |               |                                |  |
|  | #   | # DCI Status Value OJ QTY |                    |                      |            |           |                        | Property Description |        |        |                                 |               |   | Make   | e/Model                |               | Serial Number                  |  |
| -  |   |                           |                    |                      |            |           |                        |                      |        |        |                                 |               |   |  |                        |               | FOR                            |  |
| Р  |   |                           |                    |                      |            |           |                        |                      |        |        |                                 |               |   |  |                        | ]             | NFORMATION                     |  |
| R  |   |                           |                    |                      |            |           |                        |                      |        |        |                                 |               |   |  |                        |               | SECURITY                       |  |
| 0<br>P -   |   |                           |                    |                      |            |           |                        |                      |        |        |                                 |               |   |  |                        |               | PURPOSES                       |  |
| Е -  |   |                           |                    |                      |            |           |                        |                      |        |        |                                 |               |   |  |                        |               | NLY THE FIRST                  |  |
| R<br>T   |   |                           |                    |                      |            |           |                        |                      |        |        |                                 |               |   |  |                        |               | LVE PROPERTY                   |  |
| Ý ·  |   |                           |                    |                      |            |           |                        |                      |        |        |                                 |               |   |  |                        | 12            | ITEMS ARE                      |  |
| -  |   |                           |                    |                      |            |           |                        |                      |        |        |                                 |               |   |  |                        | I             | DISPLAYED ON                   |  |
| -  |   |                           |                    |                      |            |           |                        |                      |        |        |                                 |               |   |  |                        |               | P2C REPORTS                    |  |
| -  |   |                           |                    |                      |            |           |                        |                      |        |        |                                 |               |   |  |                        |               |                                |  |
|  |   |                           | ehicles S          |                      |            | mber Vehi | cles Recovere          |                      |        |        |                                 | I 4           | ·   | Ciarret  | ***                    |               |                                |  |
| ID   | Office<br>PET   |                           | C. N. (            |                      | D#         |           | Officer Sig            | nature               |        |        |                                 |               | Supervisor<br>MULG                                      | REW,   | <u>M. J. (</u>         | <u>14746)</u> |                                |  |
| Status   | Comp  | lainant                   | Signatur           | e                    |            |           | Case Status            | Investig             | ation  |        | Case Dispos                     | ded<br>by Arr | est 🗌   | Located Extradition Decline<br>Refuse to Cooperate<br>Another Agency |                        |               |                                |  |
|  |   |                           |                    |                      |            |           |                        |                      | khaust | ed     | Death o                         |               |   |  | ution De               | clined        | Page 1                         |  |