| I N | Agenc | y Name | | NSTON-SALE | M P | OLICE | IN | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2255036 | | | | |
|---|--|---------|-----------------------------|--------------------------------------|----------------------|-------------|-------------------|---|--------------------------|--------|----------------------------|-----------------------|------------------------------------|---|--|---------------------------|------------------------------|--------------------------------|--|
| C | ORI | NC | NC 034 | 40200 | | | | | | KEP | ואכ | | | | | Reported Day Y | SM | T W T F s Fime 4:39 Hrs. | |
| D E | | | ncident(s | | | | tt I | At Found | S | 1 T W | T F ≤ | 11 Last | | 12 20 n Secure Day Yr | | <i>4:39</i> Hrs. TWTFs | | | |
| N T | #1 | | | | | | | | | Month | Day Yr | Т | 'ime | | | | Tir | ne | |
| D | #2 | Crime I | ncident | | 8 | | | ☐ Att Location of Incident Location of I | | | | | | rs 11 12 2022 14:39 Hrs. Offense Tract | | | | | |
| Α | ☐ Com 699 Buxton St/w Seventh St, Winston | | | | | | | | | | | | | | | | | 11 | |
| T A | #3 | Crime I | ncident | | | | | | ☐ Att Premise Type ☐ Com | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | |
| | How A | Attacke | d or Com | nmitted | | | | Forcible | | | | | | Weapon / Tools | | | | | |
| MO | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| | # of V | ictims | Туре | Person | | Rusiness | | | | Injury | ☐ None | ΠМ | | Loss o | f Teet | h Drug | Alcoho | ol Use: | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown | | | | | | | | | | | | | | | | | | |
| V I | Continue of Duty Other/Unknown Internal Unconscious Other Major No N/A | | | | | | | | | | | | | | | | | | |
| C | | Victim/ | Business | Name (Last, First, | Mid | dle) | | | | | Victim of Crime # | DOF | 3 / Age | Race | | Relationsh To Offende | ip Res er \square] | sident Status Resident | |
| T I | V1 | | DA | TA OMITTED | | | | | | | | | | | | | | Non-Resident | |
| M | Home | e Addre | ss | | | | | | | | | | | | Home Phone Unknown | | | | |
| | | | | | D. | ATA OMI | | | | | | | | | | | | | |
| | Empl | oyer Na | ıme/Addı | ress | D. | ATA OMI | TA OMITTED | | | | | | | Business Phone | | | | | |
| | VYR Make Model Style | | | | | | Color Lic/Lis Vin | | | | | | Vin | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column | R = Recovered if recovered for other | er jur | risdiction) | Z = Seized | B = B | urne | 1 C=C | ounterTeit / F | orgea | F = Four | ıa | | | | | |
| | Victim # | DCI | Status | Value | Property Description | | | | | | | Mak | e/Mo | | | Number | | | |
| P - | | | | | | | | | | | | | | | | I | | OMITTED | |
| | | | | | | | | | | | | | | | | | | FOR MATION | |
| | | | | | | | | | | | | | | | | | | URITY | |
| R O | | | | | | | | | | | | | | | | | | POSES | |
| Ρ. | | | | | | | | | | | | | | | | | | | |
| E · | | | | | | | | | | | | | | | | (| ONLY T | THE FIRST | |
| T | | | | | | | | | | | | | | | | TWI | | PROPERTY | |
| Y | | | | | | | | | | | | | | | | | | MS ARE | |
| | | | | | | | | | | | | | | | | | | AYED ON EPORTS | |
| | | | | | | | | | | | | | | | | | 120 K | LIONIS | |
| • | Numb | er of V | ehicles S | Stolen 0 | Nu | mber Vehic | cles Recovere | d 0 | | | | | | | | | | | |
| | Office | | 7 7 1 4 | (16257) ID |)# | | Officer Sig | nature | | | | | Supervisor | Signat | ire | (15572) | | | |
| ID | | | V, <i>J. M.</i> Signatur | (16257) | | | Case Status | | | | | | PEKK | (INŠ, M. A. (15572) | | | | | |
| Status | Comp | ıamanı | orginatur | | | | | Investive /Cleare | ed | on | ☐ Unfoun☐ Cleared☐ Cleared | ded by Ar by Ar | Loc rest rest by And nder |] Refuse other Ag | gency | ooperate | | on Declined Page 1 | |

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