| I N | Agenc | y Name | | NSTON-SALE | M P | POLICE | INCIDENT/INVESTIGATION REPORT | | | | | | OCA 2411126 | | | | |
|---|---|---------|--------------------|---|-----|-----------------------------------|----------------------------------|---|-----------------------|---------|---------------|----------------------------|---|--|-----------|-------------------------------------|--|
| C · I | ORI | NG | | 40200 | | | | | | | | | Date / Time Reported S M T W T F = S Month Day Yr Time | | | | |
| D | | | NC 034 | | | │ Att │ At Found │ S M T W T F -S | | | | | | 03 30 2024 23:27 Hrs. | | | | | |
| E N | #1 | | ncident(s | · | | | 1. | ☐ Att ⊠ Com | At Fou Month 03 | | Ýr | Time | | Known S h Day | y Yr Y | SMTWTF _S Time | |
| T. | | | ncident | Assault-non Ag | gra | <u>2024 </u> dent | 23:27 Hr | s. 03 | 30 | 2024 | Offense Tract | | | | | | |
| D | #2 | | neruent | | | | | □ Att □ Com | | | | Ln, Winstor | ı-salem | NC 27 | 7103 | 314 | |
| A T | #3 | Crime I | ncident | | | | | | Premise | | y I ann | | i butem | | | ence Type | |
| A | #3 | | | | | | | Com | | | | | | | ingle Fan | nily <mark>∏</mark> Multi Family | |
| МО | | | d or Con MITTEI | | | | | | | | | Forcible Yes No | X N/A | Weapo | n / Tools | | |
| | # of Victims Type Type Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | |
| | 5 | | | ciety 🗌 Governm | | | nancial Institu | | |] Broke | | □ Sever | | | | ^{Zes} □ ^{Unknown} | |
| V I | | Victim/ | | ligious □ L.E. Of Name (Last, First, | | | | er/Unknov | | | | CONSCIOUS [DOB / Age | Other Race | | lationshi | | |
| C T | V1 Crime # 26 | | | | | | | | | | | | | | Offende | r 🛛 Resident | |
| I | 1 | | DA | TA OMITTED | | | | | | 1, | | | B | M | 1VO,2B | Non-Residen | |
| M· | Home Address | | | | | | | | | | | | | Home F | | Unknown | |
| | | | | | | D | ATA OMI | ITED | | | | | | | | | |
| | Emplo | oyer Na | me/Add | ress | | D | ATA OMITTED | | | | | | Business Phone | | | | |
| | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | | Vin | | | | | |
| H E S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | |
| Status Codes | L = L | ost S | = Stolen | R = Recovered if recovered for oth | D = | Damaged | Z = Seized | B = Burr | ned C = | Counter | feit / For | ged F = Fou | nd | | | | |
| Coues | Victim | | | | | Ĺ | | | | | | | | | | | |
| P · R | # | DCI | Status | Value | OJ | QTY | | Property | Descript | ion | | | Mak | e/Model | | Serial Number | |
| | | | | | | | | | | | | | | | D | FOR | |
| | | | | | | | | | | | | | | | I | NFORMATION | |
| | | | | | | | | | | | | | | | | SECURITY | |
| 0 | | | | | | | | | | | | | | | | PURPOSES | |
| Р' Е- | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | NLY THE FIRST | |
| T Y · | | | | | | | | | | | | | | | TWE | LVE PROPERTY | |
| - | | | | | | | | | | | | | | | | ITEMS ARE | |
| - | | | | | | ├ | | | | | | | | | | DISPLAYED ON P2C REPORTS | |
| - | | | | | | | | | | | | | | | | 12C KEPUKIS | |
| - | Numb | er of V | ehicles S | Stolen () | Nu | mber Vehic | cles Recovere | d 0 | | | | | | | | | |
| | Office | r | | II | D# | | Officer Sig | - | | | | Superviso | or Signatu | ıre | | | |
| ID | SPA | RKS, | D. L. (. | 15888) | | | | | | | | ŔEYN | OĽDS, | S. A. (| 15618) | | |
| Status | Comp | lainant | Signatur | e | | | □ Inact | Further Investigation □ Unfounded □ Le □ Inactive □ Cleared by Arrest Closed/Cleared □ Cleared by Arrest by A | | | | | | ocated ☐ Extradition Declined ☐ Refuse to Cooperate nother Agency ☐ Prosecution Declined Page 1 | | | |
| | | | | | | | | LEAUS EX | nausted | 1 171 | reaul OI (| лениег | riosec | auon De | amed | r age 1 | |