| I<br>N   | Agenc  | y Name       |                      | NSTON-SALEN                            | 1 PC            | OLICE                               | ] IN                 | INCIDENT/INVESTIGATION     |  |                                  |                 |            |                                | OCA 2411546        |  |               |                         |  |
|--|--|--------------|----------------------|--|-----------------|-------------------------------------|----------------------|----------------------------|--|----------------------------------|-----------------|------------|--------------------------------|--------------------|--|---------------|-------------------------|--|
| C ·  | ORI  | NC           |                      |  |                 |                                     | -                    | REPORT                     |  |                                  |                 |            |                                |                    | Date / Time Reported SMTWTFS<br>Month Day Yr Time      |               |                         |  |
| D<br>E   | NC NC 0340200 Crime Incident(s)  |              |                      |  |                 |                                     |                      |                            | ☐ Att   At Found SMT₩TFS Month Day Yr Time |                                  |                 |            |                                |                    | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |               |                         |  |
| N<br>T   | #1   |              |                      | ,<br>ng Threats -intin                 | nida            | tion, No                            | n Physical           | _                          | Com  | Month 04                         |                 |            | Time<br>3:48  Hrs              |                    |  |               | Time $13:47$ Hrs.       |  |
| D.   |  |              | ncident              | 0                                      |                 |                                     |                      |                            | Att  | Location                         | of Incider      | nt         |                                |                    |  |               | Offense Tract           |  |
| A<br>T   |  | 'rime I      | ncident              |  |                 |                                     |                      | _                          | Com  | 2022 S<br>Premise T              |                 | St, Win    | ston-saler                     | n NC               |  | Victim Reside | 311                     |  |
| A  | #3   | Jime 1       | nerdent              |  |                 |                                     |                      | ☐ Att   Premise Type ☐ Com |  |                                  |                 |            | ☐ Single Family ☐ Multi Family |                    |  |               |                         |  |
| МО   |  |              | d or Com             |  |                 |                                     |                      |                            |  |                                  |                 |            | Forcible Yes                   | X N/A              | We   | apon / Tools  |                         |  |
|  | # of Victims   Type None   Minor   Loss of Teeth   Drug/Alcohol Use:               |              |                      |  |                 |                                     |                      |                            |  |                                  |                 |            |                                |                    |  | lcohol Use:   |                         |  |
|  | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown |              |                      |  |                 |                                     |                      |                            |  |                                  |                 |            |                                |                    |  | es 🗖 Unknown  |                         |  |
| V<br>I   |  | Victim/      |                      | igious  L.E. Off<br>Name (Last, First, |                 |                                     | ity 🔲 Othe           | er/Un                      | lknow                                      | 'n 📗                             | Internal Victim |            | nscious  B / Age               | Other<br>Race      |  |               |                         |  |
| C<br>T   | V1   |              |                      |  |                 | ,                                   |                      |                            |  |                                  | Crime           |            | 44                             | rucc               | Бел  | To Offender   | □ Resident              |  |
| I<br>M   |  |              |                      | ΓΑ OMITTED                             |                 |                                     |                      |                            |  |                                  | 1,              |            |                                | W                  | M  |               | ☐ Non-Resident☐ Unknown |  |
| 141  | Home   | Addre        | SS                   |  | D.              | ATA OMI                             | TTED                 |                            |  |                                  |                 |            | Home Phone                     |                    |  |               |                         |  |
|  | Employer Name/Address DATA C   |              |                      |  |                 |                                     |                      |                            | OMITTED                                    |                                  |                 |            |                                | Business Phone     |  |               |                         |  |
|  | VYR  | M            | ake                  | Model                                  | Sty             | yle                                 | Color                |                            | Lic  | c/Lis                            |                 |            | Vin                            |                    |  |               |                         |  |
| O<br>T<br>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<br>Codes  | (Chec  | k "OJ"       | = Stolen<br>column i | R = Recovered for other                | D = I<br>r juri | Damaged sdiction)                   | Z = Seized           | B =                        | Burn                                       | ed C = C                         | Counterfei      | t / Forgeo | l F = Foun                     | d                  |  |               |                         |  |
|  | Victim<br># DCI Status Value OJ QTY  |              |                      |  |                 | QTY                                 | Property Description |                            |  |                                  |                 |            |                                | Mal                | ke/Mo  |               | erial Number            |  |
| -<br>P -<br>R _  |  |              |                      |  |                 |                                     |                      |                            |  |                                  |                 |            | DA                             | TA OMITTED FOR     |  |               |                         |  |
|  |  |              |                      |  | _               |                                     |                      |                            |  |                                  |                 |            |                                |                    |  | II            | NFORMATION              |  |
|  |  |              |                      |  |                 |                                     |                      |                            |  |                                  |                 |            |                                |                    |  |               | SECURITY                |  |
| O<br>P -   |  |              |                      |  | _               |                                     |                      |                            |  |                                  |                 |            |                                |                    |  |               | PURPOSES                |  |
| E -<br>R   |  |              |                      |  | _               |                                     |                      |                            |  |                                  |                 |            |                                |                    |  | 10            | NLY THE FIRST           |  |
| Т  |  |              |                      |  | $\dashv$        |                                     |                      |                            |  |                                  |                 |            |                                |                    |  |               | VE PROPERTY             |  |
| Y  |  |              |                      |  |                 |                                     |                      |                            |  |                                  |                 |            |                                |                    |  |               | ITEMS ARE               |  |
|  |  |              |                      |  | _               |                                     |                      |                            |  |                                  |                 |            |                                |                    |  |               | ISPLAYED ON             |  |
| -  |  |              |                      |  | $\dashv$        |                                     |                      |                            |  |                                  |                 |            |                                |                    |  | <u>I</u>      | 2C REPORTS              |  |
| -  | Numb   | er of V      | ehicles S            | tolen 0                                | Nun             | nber Vehic                          | cles Recovere        | d                          | 0  |                                  |                 |            |                                |                    |  |               |                         |  |
| ID   | Office   |              | D F                  | ID (16110)                             | #               |                                     | Officer Sig          | natuı                      | re   |                                  |                 |            | Supervisor                     |                    |  | 006)          |                         |  |
| ID   | CROALL, D. E. (16110)  Complainant Signature  Case                                 |              |                      |  |                 |                                     |                      |                            | ase Status Case Disposition:               |                                  |                 |            |                                | UFF, K. G. (15096) |  |               |                         |  |
| Status   | r  |              | Ç                    |  |                 | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ared                 |                            | □ Unfo<br>□ Clea<br>□ Clea                 | ounded<br>ared by A<br>ared by A | ☐ Loc           | Refus      | gency                          | looperate          | Page 1   |               |                         |  |