I N	Agenc	y Name		NSTON-SALE	M P	POLICE	INCIDENT/INVESTIGATION REPORT						OCA 2411767				
C I	ORI	NC	NC 034	40200									Date / Time Reported SMTWTFS Month Day Yr Time				
D E N			ncident(s			│ │ Att │ At Found │ S M 피 W 피골 S						04			4  <i>11:06</i> нгз. SMTNT <u></u> SS		
	#1				<b></b>	nhy Viala	tion	☐ Att ⊠ Com	Month	Day	Ýr	Time		nown Secu	Yr 🖵	Time	
Т			ncident	Obsenity/ Porno	gra	ony viola	llion	□ Att	04 Locatio	<u>05</u>   n of Incid		11:06  Hr	s. 04			<u>11:05</u> Hrs. Offense Tract	
D A	#2							$\Box$ Com				Rd, Winst	on-saler	n NC 271		324	
Т	#3	Crime I	ncident					Att	Premise							nce Type	
A	πJ							Com								ly <mark>∏</mark> Multi Family	
МО			d or Con MITTEI									Forcible Yes No	X N/A	Weapon /	Tools		
V	# of V	ictims		Person		Business			Inju			] Minor	Loss of	Teeth I	-	lcohol Use:	
	<i>I</i> Society Government Financial Institute Broken Bones Severe I Religious L.E. Officer Line of Duty Other/Unknown																
V I		Victim/		Name (Last, First,						Internal		OB / Age	Race		No Onshin		
С	V1 Crime #														fender	□ Resident	
T I	• •		DA	FA OMITTED						1,						□ Non-Residen	
М	Home	Addre	SS											Home Phor	ne	Unknown	
	Home Address DATA OMITTED													rionie riio			
	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	L = L	ost S	= Stolen	R = Recovered	D =	Damaged	Z = Seized	B = Burr	ed C =	Counterf	eit / Forg	ed F = Four	nd				
Codes	(Chec Victim		column	if recovered for oth	er ju	risdiction)											
- - P -	#	DCI	Status	Value	OJ	QTY		Property	Descript	ion			Make	Model		erial Number	
						┝──┝									DA	TA OMITTED	
						├									IN	FOR FORMATION	
															IN	SECURITY	
R. O																PURPOSES	
P.																T CIG OBLD	
E ·															ON	LY THE FIRST	
R. T.																VE PROPERTY	
Y ·																ITEMS ARE	
-															D	ISPLAYED ON	
-															Р	2C REPORTS	
-																	
			ehicles S	Stolen 0	Nu	mber Vehic	cles Recovere	d 0									
ID	Office			II G. (15962)	D#		Officer Signature Supervisor Signature KRAWCZYK, K. K. (14788)										
ID			Signatur				Case Status Case Disposition:						(υζικ, κ. κ. (14/δδ)				
Status	comp			-			□ Further Investigation □ Unfounded □ Lo						Refuse to Cooperate nother Agency				
									hausted		eath of O			tion Decli	ned	Page 1	