| I<br>N   | Agenc  | y Name                |                    | NSTON-SALEN                            | OLICE           | ] IN                                   | INCIDENT/INVESTIGATION |                    |      |              |                                   |                        |       | OCA 2411895   |                      |  |                    |                |                           |  |
|--|--|-----------------------|--------------------|--|-----------------|--|------------------------|--------------------|------|--------------|-----------------------------------|------------------------|-------|---|----------------------|--|--------------------|----------------|---------------------------|--|
| I C  | ORI  | NC                    | NC 034             | 10200                                  |                 |  | 1                      | REPORT             |      |              |                                   |                        |       |   |                      | Date / Time Reported SMTWTF = SMonth Day Yr Time |                    |                |                           |  |
| D<br>E   |  |                       | ncident(s          |  |                 | Att At Found SMTWTFS Month Day Yr Time |                        |                    |      |              |                                   |                        |       | Day YF Time   O4   O6   2024   O9:46 Hrs.   Last Known Secure   S M T W T F S   Month Day Yr Time   O4   O5   O5   O5   O5   O5   O5   O5 |                      |  |                    |                |                           |  |
| N<br>T   | #1   |                       | `                  | Death Investi                          | gatio           | on                                     |                        | _                  | Com  | Month 04     | Da                                |                        |       | ime<br>1:35   Hrs   |                      |  |                    | Yr ㅡ           | Time<br>16:00  Hrs        |  |
| D .  | #2   | Crime I               | ncident            |  |                 |  |                        |                    | - 1  | Location     | ı of l                            | Incident               |       |   |                      |  |                    |                | Offense Tract             |  |
| A<br>T   |  | 'rime I               | ncident            |  |                 |  |                        | _                  | Com  | 2020 Premise |                                   |                        | Apt.  | 115, Win.   | ston-se              |  |                    | Peciden        | 323<br>ce Type            |  |
| A  | #3   | Jime i                | nerdent            |  |                 |  |                        |                    | Com  | 1 Telmise    | Typ                               | C                      |       |   |                      | - 1  |                    |                | y □Multi Family           |  |
| МО   |  |                       | d or Con<br>MITTEI |  |                 |  | Forcible Yes           |                    |      |              |                                   |                        |       | Weapon / Tools  |                      |  |                    |                |                           |  |
|  | No   |                       |                    |  |                 |  |                        |                    |      |              |                                   |                        |       |   |                      | of Teeth Drug/Alcohol Use:                       |                    |                |                           |  |
|  | O Society Government Financial Institute Broken Bones Severe Lacerations Unknown                                     |                       |                    |  |                 |  |                        |                    |      |              |                                   |                        |       |   |                      |  |                    |                |                           |  |
| V<br>I   |  | 7                     |                    | -                                      |                 |  | ity 🔲 Othe             | er/Un              | know | n 🗆          |                                   | ernal 🔲                |       | scious [  | Other                | Majo   |                    | □ No           |                           |  |
| C  | Victim/Business Name (Last, First, Middle)  Victim of DOB / Age Crime #  |                       |                    |  |                 |  |                        |                    |      |              |                                   |                        |       |   | Race                 | Sex  | Relatio<br>To Offe | nship<br>ender | Resident Status  Resident |  |
| T<br>I   | V1   |                       | DA                 | ΓA OMITTED                             |                 |  |                        |                    |      |              |                                   |                        |       |   |                      |  |                    |                | ☐ Non-Residen             |  |
| М -  | Home Address DATA OM   |                       |                    |  |                 |  |                        |                    |      | TTFD         |                                   |                        |       |   |                      | Home Phone                                       |                    |                |                           |  |
|  | E1 N/A 11  |                       |                    |  |                 |  |                        | OMITTED<br>OMITTED |      |              |                                   |                        |       |   |                      | Business Phone                                   |                    |                |                           |  |
|  | VYR  | Color   Lic/Lis   Vin |                    |  |                 |  |                        | 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  L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found |                       |                    |  |                 |  |                        |                    |      |              |                                   |                        |       |   |                      |  |                    |                |                           |  |
| Status<br>Codes  | (Chec  | k "OJ"                | = Stolen<br>column | R = Recovered<br>f recovered for other | D = I<br>r juri | Samaged sdiction)                      | Z = Seized             | В=                 | Burn | ed C=        | Cou                               | nterfeit / F           | orged | F = Foun  | d                    |  |                    |                |                           |  |
|  | Victim # DCI Status Value OJ QTY   |                       |                    |  |                 |  | Property Description   |                    |      |              |                                   |                        |       |   | Mak                  | ake/Model Serial Number                          |                    |                |                           |  |
| -<br>P -<br>R  |  |                       |                    |  |                 |  |                        |                    |      |              |                                   |                        |       | DA  | FOR                  |  |                    |                |                           |  |
|  |  |                       |                    |  | +               |  |                        |                    |      |              |                                   |                        |       |   |                      |  |                    | IN             | FOR<br>FORMATION          |  |
|  |  |                       |                    |  | $\dashv$        |  |                        |                    |      |              |                                   |                        |       |   |                      |  |                    |                | SECURITY                  |  |
| 0  |  |                       |                    |  |                 |  |                        |                    |      |              |                                   |                        |       |   |                      |  |                    |                | PURPOSES                  |  |
| Р <sup>-</sup><br>Е -  |  |                       |                    |  |                 |  |                        |                    |      |              |                                   |                        |       |   |                      |  |                    |                |                           |  |
| R.   |  |                       |                    |  | _               |  |                        |                    |      |              |                                   |                        |       |   |                      |  |                    |                | LY THE FIRST              |  |
| Т<br>Ү   |  |                       |                    |  | +               |  |                        |                    |      |              |                                   |                        |       |   |                      |  |                    |                | /E PROPERTY<br>ITEMS ARE  |  |
| •  |  |                       |                    |  | $\dashv$        |  |                        |                    |      |              |                                   |                        |       |   |                      |  |                    |                | SPLAYED ON                |  |
| -  |  |                       |                    |  | $\dashv$        |  |                        |                    |      |              |                                   |                        |       |   |                      |  |                    |                | C REPORTS                 |  |
| _  |  |                       |                    |  |                 |  |                        |                    |      |              |                                   |                        |       |   |                      |  |                    |                |                           |  |
|  | Numb   |                       | ehicles S          | tolen 0                                |                 | nber Vehic                             | cles Recovere          |                    | 0    |              |                                   |                        | - 1   | Supervisor  | Signat               | ure  |                    |                |                           |  |
| ID   | BIE  | Officer Sig           |                    |  |                 |  |                        |                    |      |              | or Signature<br>XS, C. M. (15216) |                        |       |   |                      |  |                    |                |                           |  |
|  | Comp   | lainant               | e                  | Case Status                            |                 | Case Disposition:                      |                        |                    |      |              |                                   |                        |       | 7 Even  | dition Declined      |  |                    |                |                           |  |
| Status   |  |                       |                    |  |                 |  | ☐ Inact                | tive<br>/Clea      | ıred |              | ]                                 | ☐ Cleared<br>☐ Cleared | by Ar | rest by And   | ] Refuse<br>other Ag | gency  | cooperate          | ē<br>—         | Page 1                    |  |