| I<br>N   | Agenc  | y Name   |                    | NSTON-SALE                           | M P                               | OLICE       | IN                                  | INCIDENT/INVESTIGATION REPORT     |          |        |  |       |               |                                       | OCA 2412771                |                                    |  |  |  |
|--|--|--|--------------------|--------------------------------------|-----------------------------------|-------------|-------------------------------------|-----------------------------------|----------|--------|--|-------|---------------|---------------------------------------|----------------------------|------------------------------------|--|--|--|
| C  | ORI  | NC   | NC 034             | 10200                                |                                   |             | ]                                   |                                   |          | KEP    | JKI                                    |       |               |                                       |                            | Reported Day Y                     | S M                                      | <u>                                     </u> |  |
| D<br>E   | <del></del>  |  |                    |                                      |                                   |             |                                     | 44 T                              | At Found | SM     | ปรโพโร                                 | T≢S   | 04            |                                       |                            | 24 <br> s m                        | Time<br>18:57 Hrs.<br>  T W T <u>F</u> S |  |  |
| N  | #1   | Crime Incident(s)  Simple Assault-non Aggravated Assault |                    |                                      |                                   |             |                                     |                                   |          | Month  | Day Yr                                 | Т     | ime           |                                       |                            | n Secure<br>Day Yr                 | T:                                       | ime  |  |
| T  | "0 (   | ncident  | Assuuti-non Agg    | <i>вини</i>                          | ☐ Com 04   12   2024   18:57   Hr |             |                                     |                                   |          |        | Offense Tract                          |       |               |                                       |                            |                                    |  |  |  |
| D<br>A   | #2   |  |                    |                                      |                                   |             |                                     | Com 2609 Old Salisbury Rd, Winsto |          |        |  |       |               |                                       |                            |                                    |  |  |  |
| T  | #3 Crime Incident  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       | Victim Residence Type      |                                    |  |  |  |
| A  | Com  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       |                            |                                    |  | ]Multi Family                                |  |
| MO   | How Attacked or Committed DATA OMITTED                                 |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       | Forcible  Yes | X N/A                                 | We                         | apon / Tool                        | S  |  |  |
|  |  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       |                            | nol Hans                           |  |  |  |
|  | # 01 V   | icums  | Type               |                                      | _                                 | Business    | inancial Institu                    | ute                               |          | Injury | ☐ None<br>Broken Bone                  | MKI.  |               | Loss o                                |                            | 1 -                                |  | Unknown                                      |  |
| V  | 1  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       |                            | _                                  |  |  |  |
| I  | Victim/Business Name (Last, First, Middle)   Victim of DOB / Age   Rac |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       |                            | e Sex Relationship Resident Status |  |  |  |
| C<br>T   | V1   |  | DA                 | ГА ОМІТТЕО                           |                                   |             |                                     |                                   |          |        | Crime #                                |       | 78            |                                       |                            | To Offend                          |  | [ Resident<br>] Non-Residen                  |  |
| I  |  |  | DA                 | IA OMITTED                           |                                   |             |                                     | 1,                                |          |        | W                                      | F     | 1RU           |                                       | J Non-Residen<br>J Unknown |                                    |  |  |  |
| M  | Home   | e Addre  | ess                |                                      |                                   | D           | ATA OMI                             | ΓΤΕD                              |          |        |  |       |               |                                       | Home Phone                 |                                    |  |  |  |
|  | Employer Name/Address DATA OM  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               | Business Phone                        |                            |                                    |  |  |  |
| 1  | VYR  | M  | ake                | Model                                | Color Lic/Lis Vin                 |             |                                     |                                   |          | Vin    |  |       |               |                                       |                            |                                    |  |  |  |
|  |  |  |                    |                                      | <u> </u>                          |             |                                     |                                   |          |        |  |       |               |                                       |                            |                                    |  |  |  |
| 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  | ost S<br>k "OJ"  | = Stolen<br>column | R = Recovered if recovered for other | er jur                            | risdiction) | Z = Seized                          | B = B                             | urne     | a C=C  | ounterreit / F                         | orgea | F = Foun      | a                                     |                            |                                    |  |  |  |
| P -<br>R _   | Victim # DCI Status Value OJ QTY                                       |  |                    |                                      |                                   |             | Property Description                |                                   |          |        |  |       |               | Mak                                   | e/Mo                       | del                                | Serial                                   | Number                                       |  |
|  |  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       | DATA OMITTED               |                                    |  |  |  |
|  |  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       |                            |                                    |  | FOR  |  |
|  |  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       |                            |                                    |  | RMATION                                      |  |
|  |  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       |                            |                                    |  | CURITY                                       |  |
| O<br>P .   |  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       |                            |                                    | PU                                       | RPOSES                                       |  |
| E ·  |  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       |                            |                                    |  | my re eve an                                 |  |
| R.   |  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       |                            |                                    |  | THE FIRST                                    |  |
| T<br>Y   |  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       |                            | TW                                 |  | PROPERTY                                     |  |
|  |  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       |                            |                                    |  | EMS ARE                                      |  |
|  |  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       |                            |                                    |  | LAYED ON                                     |  |
|  |  |  |                    |                                      |                                   |             |                                     |                                   |          |        |  |       |               |                                       |                            |                                    | r2C                                      | REPORTS                                      |  |
| -  | Numb   | er of V  | ehicles S          | Stolen 0                             | Nive                              | mber Vobi   | cles Recovere                       | d 0                               |          |        |  |       |               |                                       |                            |                                    |  |  |  |
|  | Office   |  | emeies S           | tolen 0                              |                                   | moer veni   | Officer Sig                         |                                   |          |        |  | Т     | Supervisor    | Signati                               | ire                        |                                    |  |  |  |
| ID   |  |  | SEN, J             | I. T. (16246)                        | т                                 |             | Officer Sig                         | nature                            |          |        |  | _     | GRIFF         | r Signature<br>FIN, B. K. (15429)     |                            |                                    |  |  |  |
|  |  |  | Signatur           |                                      |                                   |             | Case Status                         | Case Disposition:                 |          |        |  |       |               | , , , , , , , , , , , , , , , , , , , |                            |                                    |  |  |  |
| Status   |  |  |                    |                                      |                                   |             | ☐ Further ☐ Inact ☐ Closed ☐ Closed | tive<br>/Cleare                   | ed       |        | ☐ Unfoun ☐ Cleared ☐ Cleared ☐ Death o | by Ar | Test by And   | Refuse<br>other Ag                    | gency                      | ooperate                           |  | Page 1                                       |  |

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