| I N | Agenc | y Name | | NSTON-SALE | M P | OLICE | CIDENT/INVESTIGATION | | | | | | OCA 2413011 | | | | | | |
|--|---|---------------------|--------------------|--------------------------------------|-----------------------|----------------------|-------------------------------------|-------------------|------------------|---------|------------------------------------|---------------|-------------|--------------------------------|--------------------|------------------------|-------------------|----------------|---------------------------|
| C I | C — REPO | | | | | | | | | | | | | Month Day V | | | | | |
| D E | 10 | | ncident(s | | | Att At Found S ∃ | | | | | | | d Tl W | TFS | 04 | 04 15 2024 01:2 | | | |
| N T | #1 | | | , vice-non Crimin | ıal C | Call For | Service | Month Day Yr Time | | | | | | | Month Day Yr Time | | | | |
| D | #2 | | ncident | | | | | | \rightarrow | | | Incident | 7 01 | .23 | - 04 | | 13 2 | | Offense Tract |
| A | Com 450 Ashbry Run Dr, Winston-salen | | | | | | | | | | | | | | | | | | 324 |
| T A | #3 | Jrime i | ncident | | | | | | Com | Premise | тур | pe | | | | | | | ce Type y |
| МО | | | d or Com | | | | | | | | | | | Forcible Yes | X N/A | We | apon / T | Tools | |
| | | | | | | | | | | | | | | | | achal Haar | | | |
| | # of Victims Type | | | | | | | | | | | | | | | | | | |
| V | 0 | | | ligious 🔲 L.E. Of | | | uty 🔲 Othe | er/Un | know | 'n | | ternal 🔲 | | rscious [| Other | Majo | or | □ No | □ □N/A |
| I C | Victim/Business Name (Last, First, Middle) Victim of DOB / Age Crime # | | | | | | | | | | | | | | Race | Sex | Relatio To Off | nship ender | Resident Status Resident |
| T I | V1 | | DA | TA OMITTED | | | | | | | | | | | | | | | ☐ Non-Residen ☐ Unknown |
| M | Home | Addre | ess | | rte | TED | | | | | | 1 | Home Phone | | | | | | |
| , | Employer Name/Address DATA ON | | | | | | | | | | | | | | | Business Phone | | | |
| | VYR | M | ake | Model | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column | R = Recovered if recovered for other | D = 1 er jur | Damaged isdiction) | Z = Seized | B = | Burn | ed C= | Cou | ınterfeit / I | Forged | F = Four | ıd | | | | |
| | Victim # | DCI | Status | Value | Property Description | | | | | | | | Mal | lake/Model Serial Number | | | | | |
| | | 13 OTHE 1 (9MM) FIR | | | | | | | EARMS/AMMUNITION | | | | | | SIG SA | AUER/P320 DATA OMITTED | | | |
| P - R - O | | | | | | | | | | | | | | | | | | IN | FOR FORMATION |
| | | | | | | | | | | | | | | | | | | | SECURITY |
| | | | | | | | | | | | | | | | | | | | PURPOSES |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | |
| R. | | | | | | | | | | | | | | | | | - | | LY THE FIRST |
| T Y | | | | | | | | | | | | | | + | | | | | /E PROPERTY ITEMS ARE |
| | | | | | | | | | | | | | | + | | | | | SPLAYED ON |
| • | | | | | | | | | | | | | | | | | | | C REPORTS |
| | | | | | | | | | | | | | | | | | | | |
| | Numb | | ehicles S | Stolen 0 | | nber Vehi | cles Recovere Officer Sig | | 0 | | | | - | Cuparria | Cionat | uro | | | |
| ID | | r KS, M | Officer Sig | natur | | | | | | NELS(| or Signature SON, S. M. (15176) | | | | | | | | |
| | Comp | lainant | Signatur | e | | | Case Status Case Disposition: | | | | | | | | | | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | tive /Clea | ared | | | | l by Ai | Loc rrest rrest by Ander | Refuse other Ag | gency | Cooperat | ē — | Page 1 |