| I<br>N   | Agenc  | y Name                    |                    | NSTON-SALE            |             | INCIDENT/INVESTIGATION<br>REPORT |               |   |      |            |                 |                | OCA 2413886  |  |                                 |            |                                |  |
|--|--|---------------------------|--------------------|-----------------------|-------------|----------------------------------|---------------|---|------|------------|-----------------|----------------|--|--|---------------------------------|------------|--------------------------------|--|
| C<br>I<br>D<br>E   | ORI  |                           |                    |                       | OLICE       |                                  |               |   |      |            |                 |                | Date / Time Reported S M T W T F S<br>Month Day Yr Time          |  |                                 |            |                                |  |
|  |  |                           | NC 034             |                       |             | │                                |               |   |      |            |                 |                | 04   21   2024   18:03 Hrs.<br>Last Known Secure<br>Month Day Yr |  |                                 |            |                                |  |
| N<br>T   | #1   |                           |                    | ,<br>1g Threats -inti | mid         | ation No                         | n Physical    | Att   | M    | onth<br>04 | Day 'Yı         |                | lime<br>8:03  Hrs  |  | Day<br>Day                      | y Yr       | Time<br>  18:02  Hrs.          |  |
| D I  |  |                           | ncident            | 18 1111 04115 1111    |             |                                  | n i nysteat   |   |      |            | of Incident     | 4   10         | 5.05 1115  | 04   | 21                              | 2024       | Offense Tract                  |  |
| А  | $\Box$ Com 603 N Peace Haven Rd, Winster                       |                           |                    |                       |             |                                  |               |   |      |            |                 |                |  |  |                                 |            | 324                            |  |
| T<br>A   | #3   | _mme i                    | ncident            |                       |             |                                  |               | □ Att<br>□ Co   |      | ennse 1    | уре             |                |  |  |                                 |            | ence Type<br>ily ⊡Multi Family |  |
| МО   |  |                           | d or Con<br>MITTEI |                       |             |                                  |               |   |      |            |                 |                | Forcible<br>Yes<br>No  | X N/A  | Weapo                           | on / Tools |                                |  |
| v  |  |                           |                    |                       |             |                                  |               |   |      |            |                 |                |  |  | Loss of Teeth Drug/Alcohol Use: |            |                                |  |
|  |  |                           |                    |                       |             |                                  |               |   |      |            |                 |                |  | Severe Lacerations □ Yes □ Unknown   ous □ Other Major ⊠ No □N/A |                                 |            |                                |  |
| Ι  | Victim/Business Name (Last, First, Middle) Victim of DOB / Age |                           |                    |                       |             |                                  |               |   |      |            |                 |                |  |  | ex Re                           | lationship | Resident Status                |  |
| C<br>T   | V1 DATA OMITTED  |                           |                    |                       |             |                                  |               |   |      |            |                 |                |  |  |                                 | Offender   | Resident                       |  |
| I<br>M·  |  | A 11                      |                    |                       |             |                                  |               | 1,  |      |            |                 |                |  |  |                                 |            | Unknown                        |  |
|  | Home   | Addre                     | SS                 |                       |             | D.                               | ATA OMITTED   |   |      |            |                 |                |  | Home Phone   |                                 |            |                                |  |
|  | Emplo  | oyer Na                   | ume/Addi           | ress                  | ATA OMITTED |                                  |               |   |      |            |                 | Business Phone |  |  |                                 |            |                                |  |
|  | VYR  | M                         | ake                | Color                 | 1           | Lic/L                            | is            |   |      | Vin        | I               |                |  |  |                                 |            |                                |  |
| 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   | L = L  | ost S                     | = Stolen           | R = Recovered         | D_=         | Damaged                          | Z = Seized    | $\mathbf{B} = \mathbf{B}\mathbf{u}$   | rned | C = C      | ounterfeit / ]  | Forged         | F = Found  | d  |                                 |            |                                |  |
| Codes<br>P -   | Victim   |                           |                    | if recovered for oth  | Í           | Property Description             |               |   |      |            |                 |                |  |  |                                 |            |                                |  |
|  | #  | # DCI Status Value OJ QTY |                    |                       |             |                                  |               | Property Description  |      |            |                 |                |  | Маке   | Model                           |            | erial Number<br>ATA OMITTED    |  |
|  |  |                           |                    |                       |             |                                  |               |   |      |            |                 |                |  |  |                                 |            | FOR                            |  |
|  |  |                           |                    |                       |             |                                  |               |   |      |            |                 |                |  |  |                                 | I          | NFORMATION<br>SECURITY         |  |
| R.<br>O  |  |                           |                    |                       |             |                                  |               |   |      |            |                 |                |  |  |                                 |            | PURPOSES                       |  |
| P ·  |  |                           |                    |                       |             |                                  |               |   |      |            |                 |                |  |  |                                 |            |                                |  |
| E-<br>R  |  |                           |                    |                       |             |                                  |               |   |      |            |                 |                |  |  |                                 | 0          | NLY THE FIRST                  |  |
| T<br>Y ·   |  |                           |                    |                       |             |                                  |               |   |      |            |                 |                |  |  |                                 | TWE        | LVE PROPERTY                   |  |
| · ·  |  |                           |                    |                       |             |                                  |               |   |      |            |                 |                |  |  |                                 | Г          | ITEMS ARE                      |  |
|  |  |                           |                    |                       |             |                                  |               |   |      |            |                 |                |  |  |                                 |            | P2C REPORTS                    |  |
| -  |  |                           |                    |                       |             |                                  |               |   |      |            |                 |                |  |  |                                 |            |                                |  |
|  |  |                           | ehicles S          |                       |             | mber Vehi                        | cles Recovere | . 0   |      |            |                 |                | C  | C:   |                                 |            |                                |  |
| ID   | Office<br>WAS  |                           | <u>ENIUK</u> ,     | , <i>L</i> . (15222)  | D#          |                                  | Officer Sig   | Officer Signature Supervisor Signature WELLS, S. S. (15941)   |      |            |                 |                |  |  |                                 |            |                                |  |
| Status   |  |                           | Signatur           |                       |             |                                  | Further       | Case Status Case Disposition:   □ Further Investigation □ Unfounded □ Le   ☑ Inactive □ Cleared by Arrest   □ Closed/Cleared □ Cleared by Arrest by A |      |            |                 |                |  | ccated ☐ Extradition Declined<br>☐ Refuse to Cooperate           |                                 |            |                                |  |
|  |  |                           |                    |                       |             |                                  | Closed        |   |      | isted      | $\square$ Death |                |  | ther Age   |                                 | eclined    | Page 1                         |  |