I N	Agenc	y Name		VSTON-SALEN	1 P	OLICE] IN	INCIDENT/INVESTIGATION						OCA 2422897					
C ·	ORI	NC					1	REPORT						Date / Time Reported SMTWIFS Month Day Yr Time					
D E	NC NC 0340200 Crime Incident(s)								│ ☐ Att │ At Found │ SMTWIFS							06 27 2024 15:45 Hrs.			
N T	#1 Communicating Threats -intimidation, Non Physics									Month Day Yr Time						Month Day Yr Time			
D.			ncident			,			\rightarrow		of Incident	7 1.). 4 5 1118	7 00			Offense Tract		
A		7 T	ncident					_	Com 3333 Silas Creek Pw, Winston-					Salem NC 27103 322 Victim Residence Type					
T A	#3	_rime i	ncident					☐ Att Premise Type ☐ Com						Single Family Multi Family					
МО			d or Com						•				Forcible Yes	X N/A	_=	apon / Tools	· —		
																cohol Use			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Other Major William Victims Other Major None Minor Loss of Teeth Drug/Alcohol Use: Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Ves Unknown Internal Unconscious Other Major None Non																		
V	$\frac{I}{I}$	T: -4: /		igious L.E. Off Name (Last, First,			ity 🔲 Othe	er/Un	know	n 🗆	Internal		iscious [Other	Majo		□N/A Resident Status		
Ċ	V1	v ictiiii/			WIIGO	ne)		Victim of Crime #			וטען	B / Age Race 46			Relationship To Offender				
T I	* 1		DA	ΓA OMITTED							1			$\mid w \mid$	F	10K	☐ Non-Resident ☐ Unknown		
М -	Home Address DATA OMI'									 ITED					Home Phone				
	T 1 N /A 11								OMITTED						Business Phone				
	VYR	M	Model	Color Lic/Lis Vi					Vin										
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Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered for other	D = l r juri	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit / I	Forged	F = Found	d					
	Victim # DCI Status Value OJ Q					QTY	Property Description							Mak	e/Mo	del Se	rial Number		
- - P -																DA	TA OMITTED		
					\dashv											IN	FOR FORMATION		
					\dashv												SECURITY		
R O					\dashv												PURPOSES		
Р ⁻ Е -																			
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			ehicles S			nber Vehic	cles Recovere		0				G :	G.					
ID	Office: JAM		ON, B. 1	ID М. (15386)		Officer Sig	natur 	re				Supervisor <i>DAY</i> , <i>T</i>			8)				
			Signatur			Case Status	s Case Disposition:												
Status						☐ Further ☐ Inact	ive		non	☐ Unfour ☐ Cleared	by A	rrest	Refuse	e to C	ooperate	adition Declined			
								☐ Closed/Cleared ☐ Cleared by Art					rrest by Another Agency						