I N	Agency Name WINSTON-SALEM POLICE									ICIDENT/INVESTIGATION						OCA 2423151				
C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported S M T W T F = Month Day Yr Time					
D E		Crime I	 Att At Found								06 29 2024 16:55 Last Known Secure S M T W T Month Day Yr Time									
N T	#1 Lost/stolen License Plate						Att At Found $S M T W T F \le M$ Month Day Yr Time $C M C C M O 6 29 2024 16:55 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100$											r 🗀	Time	ırs.
D	#2	Crime I	ncident			Att	Locati	on of	f Incident				•	•		Offense Tract				
A T	Com 1021 Pacific Dr, Wins														n NC		05 Victim Re	sidon	122	
A	#3	Jillie i	neident					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family					
МО			d or Con MITTEI			Forcible Yes							Weapon / Tools							
	# of Victims Type Person Business Injury None Minor Loss of To															of Tee	Teeth Drug/Alcohol Use:			
	0		☐ So	ciety Governm	ent	□ F:	inancial Instit				_ □ B	roken Bone	es	☐ Severe	Lacera	tions		-	Unkno	wn
V I		Victim/		igious L.E. Off			ity Othe	er/Un	ıknow	'n	□ Ir	Victim of		scious B / Age	Other Race	<u> </u>		No	□N/A Resident Sta	atue
C T	Victim Business (Last, First, Widdle) Crime #													DOD/ Age Race			To Offer	nder	☐ Resident	t
I	,]	DA												☐ Non-Res ☐ Unknow						
M	Home Address DATA OMIT								TTED .							Home Phone				
	Employer Name/Address DATA OM															Business Phone				
1	VYR Make Model Style						Color Lic/Lis Vin						Vin							
O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim # DCI Status Value OJ QTY						Property Description							Mal	ake/Model Serial Number					
													DA	ГА ОМІТТЕ	D					
P - R - O														+				INI	FOR FORMATIO	
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P :																				
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	Number of Vehicles Stolen 0 Number Vehicles Recovered 0																			
ID	Office:		V. L. (1	5201) ID	Officer Sig	natuı	re					Supervisor (0)	sor Signature							
_	Complainant Signature Case State								Case Disposition:											
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				l by Ai l by Ai	Loc rrest rrest by And	Refuse other Ag	gency	Cooperate		Page 1	ned