| I N | Agenc | y Namo | | NSTON-SALE | IN | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2423297 | | | | | | | | |
|--|---|----------------------|---------------------|-------------------|-------------|----------------------------------|--|-----------------------------------|-----|----------|---------------------|-------------------------------|------------------------|----------------------------|---|--|--------------|------------------------|------------|----------|----------|
| C | ORI | NC | NC 034 | 40200 | | |] | | | KEP | OKI | | | | Date / Mon | | Reported Day | i ₌S Yr | | <u> </u> | F S |
| D E | 10 | | | | | l — . | I | At Found | ı İ | _с мг | ᆔᇄ | T F S | 06 | | | | | .me :21 н w т | Irs. FS | | |
| N | #1 | Crime Incident(s) 1 | | | | | | | - 1 | Month 06 | Day | Yr | T. | ime | | | n Secure | | Time | = | |
| T | Found Property Crime Incident Fatt | | | | | | | | | | 30 2 of Incide | | 17. | :21 Hrs | s 06 30 2024 17:20 Hrs. Offense Tract | | | | | | |
| D A | #2 Crime incident Att Location of incident Com 1140 Burke St, Winston-salem | | | | | | | | | | | | | n-salem l | I | | | | | | |
| T | #3 | Coince In cident | | | | | | | | | | | | Victim Residence Type | | | | | | | |
| A | Com | | | | | | | | | | | | | | | | Single I | amily | у□М | lulti Fa | mily |
| МО | How Attacked or Committed PATA OMITTED Yes XN/A | | | | | | | | | | | | | | N/A | Weapon / Tools | | | | | |
| | DATA OMITTED See No. 1 Yes XI.N/A | | | | | | | | | | | | | | | <u> </u> | | | | | |
| *** | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | | | |
| | 0 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major | | | | | | | | | | | | | | | wn | | | | | |
| V I | Victim/Business Name (Last, First, Middle) Victim of DOB / Age Race Sex Relationship Resident Status | | | | | | | | | | | | | | | atus | | | | | |
| C | V1 | v ictiiii | | | IVIIC | aic) | | | | | Crime | | БОБ | / Age | Race | | To Offer | der | | esident | itus |
| T I | V 1 | | DA | TA OMITTED | | | | | | | | | | | | | | | _ | on-Resi | |
| M | Home | e Addre | ess | | | | | | | | | | | | \vdash | Home Phone | | | | | <u>n</u> |
| | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| | Empl | oyer Na | ame/Add | ress | ATA OMITTED | | | | | | | | Business Phone | | | | | | | | |
| , | VYR Make Model Style | | | | | | Color Lic/Lis Vin | | | | | | Vin | | | | | | — | | |
| | | | | | | | | | | | | | | | | | | | | | |
| H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| Status | | | | | | | | | | | | | | | | | | | | | |
| Codes | Victim | | column | recovered for oth | | | | | | | | | | | | | | | — | | |
| | # | | | | | | Property Description (9MM) FIREARMS/AMMUNITION | | | | | | | | Mak HORNA | ake/Model Serial Number VADY DATA OMITT | | | | | , D |
| P - R . | | 13 FOUN 1 (S | | | | | | ZITINI) I INEXININIS/AMINIONITION | | | | | | | | FOR | | | | | .D |
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| E · R | | | | | | | | | | | | | | | | | | ONI | LY TI | HE FIR | ST |
| T Y | | | | | | | | | | | | | | | | | TV | VELV | /E PR | OPER | TY |
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| | | | ehicles S | - | | mber Vehi | cles Recovere | | | | | | | | | | | | | | |
| ID | Officer ID# Officer Signature Supervisor Signature WISE, N. A. (16272) TIDD, M. E. | | | | | | | | | | | | | | | (88) | | | | | |
| ID | | | A. (102 Signatur | | | Case Status | | | | | | | | O, M. E. (15588) | | | | | | | |
| Status | Comp | -amant | Jigiiatul | | | | ☐ Further ☐ Closed ☐ Closed | r Investive /Clear | ed | | □Un □Cle □Cle | nfounde eared b eared b | ed by Arr by Arr | Loc rest rest by And |] Refuse other Ag | ency | ooperate | _ | | Declin | ned |

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