I N	Agenc	· WIN] IN	INCIDENT/INVESTIGATION							OCA 2423329								
C .	ORI	NG					1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E	10		NC 034				Δtt I	At Fou	nd	4 l2 l	TFS	07							
N T	#1		reruent(s,	, Overdos	e			ı —	Com	Month 07	Γ			T F S Time 7:51 Hrs				Time ! 07:50 Hrs	
D .	#2	Crime I	ncident							Locatio	n of	Incident					•	Offense Tract	
A T		'rime I	ncident						Com	2020 Premise			Rd, V	Vinston-s	alem 1		27103 Victim Resid	323 lence Type	
Ā	#3								Com	110111100	- 71	P						nily □Multi Famil	
МО			d or Com MITTED										Forcible Yes	X N/A	Weapon / Tools				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:			
	O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															_			
V I		/ictim/		Name (Last, First,			ity 🗌 Othe	er/Un	know	'n [victim of		scious [Other	.			
C T	V1			ΓA OMITTED		,						Crime #		- 7 6 -		~~~	To Offende		
I M ·			DA	IA OMITTED														Unknown	
111	Home Address DATA OM									TTED						Home Phone			
•	Employer Name/Address DAT.							TA OMITTED								Business Phone			
•	VYR	M	ake	Model	Sty	'le	Color		Lic	c/Lis				Vin					
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								Mak	e/Mo	odel	Serial Number	
- - P - R													Ε	ATA OMITTED					
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					+													SECURITY	
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-	Numl	or of V	ehicles S	tolen 0	Num	her Vah	cles Recovere	d	0										
	Office			ID		ioei venic	Officer Sig		e e				Ī	Supervisor					
ID	DAV			<u> MCK</u>								AUGHAN, A. M. (14884)							
Status	Comp	ainant	Signature	:			Case Status Further Inact Closed	r Inve	_	tion		Case Dispos Unfoun Cleared	ded l by Aı	Loc rest rest by And] Refuse	e to C	ooperate	tradition Declined	
							□ Closed			hausted		Death o						Page 1	