| I<br>N   | Agency Name WINSTON-SALEM POLICE  |                 |                           |                                      |                  |                   |                             |                        |      | ICIDENT/INVESTIGATION                          |  |                             |                       |              |                             | OCA 2423416  |                             |                          |  |  |
|--|---|-----------------|---------------------------|--------------------------------------|------------------|-------------------|-----------------------------|------------------------|------|--|--|-----------------------------|-----------------------|--------------|-----------------------------|--|-----------------------------|--------------------------|--|--|
| C  | ORI   | NG              |                           |                                      | REPORT           |                   |                             |                        |      |  | Date / Time Reported SMTWTFS Month Day Yr Time |                             |                       |              |                             |  |                             |                          |  |  |
| D<br>E   | NC NC 0340200  Crime Incident(s)  |                 |                           |                                      |                  |                   |                             |                        |      | ☐ Att At Found S M T W T F S Month Day Yr Time |  |                             |                       |              |                             | Day   Time   O7   O1   2024   20:52 Hrs.   Last Known Secure   SMTWIFS   MOnth Day Yr Time |                             |                          |  |  |
| N<br>T   | #1  | Jiiiic I        |                           | )<br>aking & Enterin                 | ı —              | Com               | Month 07                    | D                      |      |  | lime<br>1:52  Hrs                              |                             |                       | ay Yr 1.     | Time                        |  |                             |                          |  |  |
| D D  | #2  | Crime I         | ncident                   | uning & Emerni                       | 5 111            | 1 0.0             |                             |                        | -    |  | -  | Incident                    | #   ZC                | 7.32 1113    | 1 00                        |  |                             | Offense Tract            |  |  |
| A  | Com 2811 Bleeker Sq - D, Winston-s  |                 |                           |                                      |                  |                   |                             |                        |      |  |  |                             |                       |              |                             |  |                             | 113                      |  |  |
| T<br>A   | #3  | orime i         | ncident                   |                                      |                  |                   | Att<br>Com                  | Premise                | туŗ  | pe   |  |                             |                       | - 1          | ictim Reside<br>Single Fami | nce Type<br>ly ∏Multi Family   |                             |                          |  |  |
| МО   |   |                 | d or Con                  |                                      |                  |                   |                             |                        |      |  |  |                             |                       | Forcible     | Weapon / Tools              |  |                             |                          |  |  |
| МО   | DATA OMITTED See No.  |                 |                           |                                      |                  |                   |                             |                        |      |  |  |                             |                       |              |                             |  |                             |                          |  |  |
| V  | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use: |                 |                           |                                      |                  |                   |                             |                        |      |  |  |                             |                       |              |                             |  |                             |                          |  |  |
|  | 1   |                 |                           | igious 🔲 L.E. Off                    |                  |                   |                             |                        | know | . –  | -  |                             |                       | Severe       | Lacerat<br>Other            | ions<br>Majo   |                             | es □Unknown  □N/A        |  |  |
| I<br>C   | Victim/Business Name (Last, First, Middle)  Victim of DOB / Ag                                      |                 |                           |                                      |                  |                   |                             |                        |      |  |  |                             |                       |              | Race                        |  | Relationship<br>To Offender | Resident Status Resident |  |  |
| T<br>I   | V1  |                 | DA                        | ΓΑ OMITTED                           |                  |                   |                             |                        |      |  | 70   | $\mid W \mid$               | $_{F}$                | 1ST          | Non-Residen                 |  |                             |                          |  |  |
| M  | Home Address  |                 |                           |                                      |                  |                   |                             |                        |      |  |  |                             |                       |              | "                           |  | ne Phone                    | Unknown                  |  |  |
|  | DATA OMIT   |                 |                           |                                      |                  |                   |                             |                        |      | (TED   |  |                             |                       |              |                             |  |                             |                          |  |  |
|  | Employer Name/Address DATA OMI  |                 |                           |                                      |                  |                   |                             |                        |      | ΓΤΕD   |  |                             |                       |              | Bu                          |  |                             | Business Phone           |  |  |
| ,  | VYR   | M               | ake                       | Model                                | Sty              | /le               | Color                       |                        | Lic  | :/Lis  |  |                             |                       | Vin          |                             |  |                             |                          |  |  |
| O<br>T<br>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<br>Codes  | L = L<br>(Chec  | ost S<br>k "OJ" | = Stolen column           | R = Recovered if recovered for other | D = I<br>r juri: | Damaged sdiction) | Z = Seized                  | B =                    | Burn | ed C=  | Cou  | ınterfeit / F               | orged                 | F = Found    | d                           |  |                             |                          |  |  |
|  | Victim<br>#   | Status          |                           | Property Description                 |                  |                   |                             |                        |      |  | Mak  | e/Mo                        | del Se                | erial Number |                             |  |                             |                          |  |  |
| -<br>-<br>P -<br>R   | 1   |                 |                           |                                      |                  |                   |                             |                        |      |  |  |                             |                       |              |                             | Y  | DA                          | TA OMITTED               |  |  |
|  |   |                 |                           |                                      | -                |                   |                             |                        |      |  |  |                             |                       |              |                             |  | IN                          | FOR<br>FORMATION         |  |  |
|  |   |                 |                           |                                      |                  |                   |                             |                        |      |  |  |                             |                       |              |                             |  |                             | SECURITY                 |  |  |
| O<br>p -   |   |                 |                           |                                      |                  |                   |                             |                        |      |  |  |                             |                       |              |                             |  |                             | PURPOSES                 |  |  |
| E -  |   |                 |                           |                                      |                  |                   |                             |                        |      |  |  |                             |                       |              |                             |  | ON                          | ILY THE FIRST            |  |  |
| R<br>T   |   |                 |                           |                                      | -                |                   |                             |                        |      |  |  |                             |                       |              |                             |  |                             | VE PROPERTY              |  |  |
| Y ·  |   |                 |                           |                                      |                  |                   |                             |                        |      |  |  |                             |                       |              |                             |  |                             | ITEMS ARE                |  |  |
|  |   |                 |                           |                                      |                  |                   |                             |                        |      |  |  |                             |                       |              |                             |  | D                           | ISPLAYED ON              |  |  |
|  |   |                 |                           |                                      |                  |                   |                             |                        |      |  |  |                             |                       |              |                             |  | P                           | 2C REPORTS               |  |  |
| -  | Numb  | er of V         | ehicles S                 | tolen 0                              | Num              | nber Vehi         | cles Recovere               | d                      | 0    |  |  |                             |                       |              |                             |  |                             |                          |  |  |
|  | Office  | r               |                           | ID                                   |                  | , с.              | Officer Sig                 |                        | -    |  |  |                             |                       | Supervisor   |                             |  | (15(21)                     |                          |  |  |
| ID   |   |                 | <i>E.</i> (153) Signature |                                      | Case Status      | <u> </u>          | <u> WILI</u>                |                        |      |  |  |                             | IAMS, K. A. (15631)   |              |                             |  |                             |                          |  |  |
| Status   | Comp  |                 | -ignatul                  | -                                    |                  |                   | ☐ Further ☐ Closed ☐ Closed | r Inve<br>ive<br>/Clea | ıred |  |  | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded<br>by Ai<br>by Ai | Locarrest    | Refuse<br>ther Ag           | ency   | ooperate                    | radition Declined Page 1 |  |  |