| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | | ICIDENT/INVESTIGATION | | | | | | OCA 2423429 | | | | | |
|--|--|----------|--------------------|-----------------------------------|--------------|-------------------|------------------------------------|---------------------------------------|------------------|-----------------------|----------------|-----------|-----------------------|--|----------------------|---------------------------------------|-----------|-----|----------------------|-----------|--|
| C I | ORI | | | | | 02102 | 7 | REPORT | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | | |
| D | | | NC 034 | | | | | | | | | | | | | 07 01 2024 22:53 Hrs. | | | | | |
| E N | #1 | Crime I | ncident(s | | | | | | - 1 | At Four Month | D | | I T W | Last Known Secure SMTWTFS Month Day Yr Time | | | | | | | |
| T | T Drug violations La com 07 01 2024 22:53 Hrs | | | | | | | | | | | | | | § 07 | (| 01 20 | 24 | 22:52 Offense T | | |
| D A | Transacting Transacting 1244 Winston Paul Dr. Winston agle | | | | | | | | | | | | | | | m N | C 27105 | | 224 | ract | |
| T | #3 | Crime I | ncident | | | | | | Att | Premise | | | | | | Victim Residence Type | | | | | |
| A | | | | | | | | | Com | | _ | | | | | _ | Single I | | y Mult | ti Family | |
| MO | | | d or Com MITTED | | Forcible Yes | | | | | | Weapon / Tools | | | | | | | | | | |
| | # of Victims Type | | | | | | | | | | | | | | | se: | | | | | |
| | 2 | | IX So | ciety Governm | ent | | Financial Instit | | | . – |] Br | oken Bone | es — | ☐ Severe | Lacera | tions | | Yes | Un | known | |
| V I | | 7: -4:/ | | igious L.E. Of Name (Last, First, | | | Outy Othe | er/Un | know | n _ | | ternal | | | Other | <u> </u> | | No | | | |
| C | | v ictim/ | Business | Name (Last, First, | | Victim of Crime # | | | | | 3 / Age | Race | Sex | Relation To Offer | ship ider | Residen | | | | | |
| T I | V1 | | DAT | TA OMITTED | | 1,2 | | | | | | | | | | _ | -Resident | | | | |
| M | Home | Addre | ss | | | | | -,- | | | | Hor | ne Phone | | ☐ Unkı | nown | | | | | |
| | DATA OMI | | | | | | | | | ſTED | | | | | | | | | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | ГТЕD | | | | | | Business Phone | | | | | |
| | VYR Make Model Style | | | | | | Color | | Lic | :/Lis | | | | Vin | | | | | | | |
| H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| Status | | | | | | | | | | | | | | | | | | | | | |
| Codes | Victim | | | | ĺ | <u> </u> | B. A. B. A. A. | | | | | | | M1 M 11 | | | | | | | |
| | # DCI Status Value OJ QTY 11 EVID 1 DRUG | | | | | | | Property Description G PARAPHERNALIA | | | | | | | Mak | Make/Model Serial Number DATA OMITTED | | | | | |
| P - R - O - | | 11 | EVID | | | | DRUG PARAPHERNALIA/ | | | | | | | | | | | | FOR | | |
| | | 11 | EVID | | | 1 | DIGITAL SCALE | | | | | | | | /Bl-100 | 00-01-bk INFORMATION | | | | | |
| | | 11 | EVID | | | | DRUG PARAPHERNALIA | | | | | | | | | SECURITY | | | | | |
| | | 11 11 | EVID EVID | | | | DRUG PARAPHERNALIA | | | | | | | | | | | | PURPOS | SES | |
| Е . | | 11 | EVID | | | 1 | DRUG PARAPHERNALIA | | | | | | | | ONLY THE FIRST | | | | | | |
| R T | | | | | | | | | TWELVE PROPERTY | | | | | | | | | | | | |
| Y | | | | | | | | | | | | | | | ITEMS ARE | | | | | | |
| | | | | | | | | | | | | | | | DISPLAYED ON | | | | | | |
| | | | | | | | | | | | | | | P2C REPORTS | | | | | | | |
| | Num!- | or of V | ehicles S | tolen 0 | NI | mber Val- | icles Recovere | d | 0 | | — | | | | | | | | | | |
| | Officer | | emcies S | tolen 0 | | mber veh | Officer Sig | | e O | | — | | I | Supervisor | Signat | ure | | | | | |
| ID | GRABS, D. M. (16310) | | | | | | | | ÀLLEN, W. A. (15 | | | | | | | | 5431) | | | | |
| Status | Compl | lainant | Signature | e | | | Case Statu Further Inact Closed | r Inve tive I/Clea | red | | | | ded by Ai by Ai | Loc rest [rest by Ander [|] Refuse other Ag | gency | Cooperate | | ndition D Page | | |