| I N | Agenc | y Name | | NSTON-SALEN | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2423510 | | | | | | |
|-----------------------|---|-------------------------|--------------------|--------------------------------------|---------------|----------------------------------|--|----------------------|------------|---------------------|--------|------------|--------------|-----------------------|--|-------------------|---------------|--------------------------|--|
| C · | ORI | NC | | | | | | REPORT | | | | | | | Date / Time Reported S 씨크 W 기 F S Month Day Yr Time | | | | |
| D E | | | NC 034 | | | | │ ☐ Att │ At Found │ S M 五 W T F S │ Month Day Yr Time | | | | | | | | Day Time O7 O2 2024 12:38 Hrs. Last Known Secure S M M M T F S Month Day Yr Time Time O7 O7 O7 O7 O7 O7 O7 O | | | | |
| N T | #1 | | | , Trespassi | ng | | | _ | Com | Month 07 I | | | | Time :38 Hrs | | | Day Yr 🖰 | Time 12:38 Hrs. | |
| D. | #2 | Crime I | ncident | 1 | | | | | Att | Location | of Inc | ident | | • | | | | Offense Tract | |
| A T | | Trima I | ncident | | | | | _ | Com | S Stra | | l Rd/el | 40, | Winston- | salem | | Victim Reside | 323 | |
| A | #3 | Jime I | ncident | | | | | | Att Com | 1 Tellise | Гурс | | | | | - 1 | | lice Type ly | |
| МО | | | d or Con MITTEI | | | | | Forcit | | | | | | | e Weapon / Tools | | | | |
| | # of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | lcohol Use: | | | |
| | 2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | | | | |
| V I | | Victim/ | | | | | uty 🔲 Othe | er/Un | know | n 🗆 | | nal 🔲 | | _ | Other Race | | | N/A Resident Status | |
| C T | Victim/Business Name (Last, First, Middle) Victim of Crime # DOB / Age Crime # | | | | | | | | | | | | | | Race | sex | To Offender | | |
| I | ` - | | DA | ΓA OMITTED | | | | | | | 1, | , | | | | | | ☐ Non-Resident | |
| М - | Home Address DATA OMI | | | | | | | | | TTED | | | | | | Home Phone | | | |
| | Employer Name/Address DATA C | | | | | | | | | | | | | | | Business Phone | | | |
| | VYR | M | Model | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | |
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| | DATA OMITTED | | | | | | | | | | | | | | | | | | |
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| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered if recovered for other | D = er jur | Damaged isdiction) | Z = Seized | B = | Burn | ed $C = C$ | Counte | erfeit / F | orged | F = Foun | d | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | e/Mo | odel Se | rial Number | |
| - - P - | п | π 20 2 mms , mms 03 Q11 | | | | | | Troporty Description | | | | | | | | | | TA OMITTED | |
| | | | | | | | | | | | | | | | | | | FOR | |
| | | | | | | | | | | | | | | | | | IN | SECURITY SECURITY | |
| R O | | | | | | | | | | | | | | | | | | PURPOSES | |
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| R | | | | | | | | | | | | | | | | | | ILY THE FIRST | |
| Т Ү - | | | | | | | | | | | | | | | | | TWEL | VE PROPERTY | |
| | | | | | - | | | | | | | | | + | | | D | ITEMS ARE ISPLAYED ON | |
| - | | | | | | | | | | | | | | | | | | 2C REPORTS | |
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| | | | ehicles S | - | | mber Vehi | cles Recovere | | 0 | | | | | C | G: | | | | |
| ID | Officer PHI | r <u>LLIP</u> S | S, C. K. | (16316) ID | Officer Sig | Officer Signature Supervis (0) | | | | | | | or Signature | | | | | | |
| | Complainant Signature Case Stat | | | | | | | | | S Case Disposition: | | | | | | | _ Ev4 | adition Daclinad | |
| Status | | | | | Inact | tive Cleared by Arrest | | | | | | rest Loc | Refuse | e to C | ooperate | radition Declined | | | |
| | | | | | | | | | | | | | | est by Another Agency | | | | | |