I N	Agenc	WIN	] IN	INCIDENT/INVESTIGATION							OCA 2423547								
C	ORI	NC	NC 03/	10200			-	REPORT							Date / Time Reported SMIWTFS Month Day Yr Time				
D E	NC NC 0340200  Crime Incident(s)									Att At Found SMIWIFS Month Day Yr Time						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
N T	#1		`	Discharging F	irea	ırm		ı —	Com	Month 07	Ι			lime 1:48   Hrs			Day Yr D2   2024	Time	
D	#2	Crime I	ncident	0 0					- 1	Location	n of	Incident						Offense Tract	
A T		'rime I	ncident			_	☐ Com 3999 N Patterson Av/motor Rd ☐ Att Premise Type						Wins	Winston-salem 122   Victim Residence Type					
A	#3	Jimic I	nerdent						Com	Tiennse	1 y	pc				- 1		ily □Multi Family	
МО			d or Com MITTEI						•					Forcible Yes	X N/A	We	apon / Tools		
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															Alcohol Use:			
V I		Jiotim/		igious L.E. Off Name (Last, First,			ity 🔲 Othe	er/Un	know	'n 🗆		ternal   Vietim of			Other	<u> </u>			
Ċ	V1	v icuiii/			MIGG	10)						Victim of Crime #	DOI	3 / Age	Race	Sex	Relationship To Offender	☐ Resident	
T I	DATA OMITTED												1,					□ Non-Resident □ Unknown	
M	Home Address DATA OMI									TTED					1	Home Phone			
	Employer Name/Address DATA ON														Business Phone				
	VYR	M	Color   Lic/Lis   Vin						Vin										
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = I er juri	Damaged sdiction)	Z = Seized	В=	Burn	ed C=	Coı	unterfeit / F	orged	F = Foun	.d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mc	odel S	erial Number	
- - P - R													D.	ATA OMITTED					
					$\dashv$												T	FOR NFORMATION	
					+													SECURITY	
ο .																		PURPOSES	
P :																			
R					_													NLY THE FIRST	
Т Ү .					+												TWE	LVE PROPERTY ITEMS ARE	
1					+												Г	OISPLAYED ON	
					+									+				P2C REPORTS	
			ehicles S			nber Vehic	cles Recovere		0				-	Cumai-	Ciarret	140			
ID	Office: MAI		A. (162	ID 209)		Officer Sig	natui	e						r Signature GHEGAN, M. R. (16168)					
	Complainant Signature Case Sta									Case Disposition:						· · · · · · ·			
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by A	Loc rest rest by Ander	] Refuse other Ag	gency	Cooperate	Page 1	