I N	Agenc	y Name		NSTON-SALE	M P	OLICE	INCIDENT/INVESTIGATION REPORT							OCA 2423729						
C	ORI	NC	NC 034	10200				KEPOKI							Date / Time Reported S M T W T F S Month Day Yr Time 07 04 2024 10:22 Hrs.					
D E	10		ncident(s				<u> </u>		++ I	At Found	S	ı ı w	∓ F S	07 Last	Knov			10:2		
N T	#1			, Trespassi			DX C	I i	Month	Day Yr	Т	'ıme			n Secure Day Yr		Time			
	Crime Incident DAtt Location of In												02 10122 0 0 202 10121							
D A	☐ Com 816 N Graham Av, Winston-salem A																	222		
T A	#3 Crime Incident														Victim Residence Type ☐ Single Family ☐ Multi Family					
	Цом	A ttoolso	d or Con	mittad				□ C	om				Forcible	ı	_	Single Fa		' □ Mu	ltı Famıly	
MO	DATA OMITTED Yes XIVA																			
V	# of V	lictime	Type	p		D :				Injury			□ No	T	£Т	a. Dru	τ/Δ1c	ohol II	co.	
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
	Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major No N/A																			
I C																e Sex Relationship Resident Status To Offender Resident				
T	V1		DA	TA OMITTED									65			10 Offen			n-Resident	
I M											1,			В	M				known	
	Home Address DATA OMITTED															Home Phone				
	Empl	oyer Na	me/Add	ress		D.	ATA OMI	ГТЕО)						Bus	iness Phon	e			
	VYR	l M	ake	Model	I Si	tyle							Vin							
	VIK	IVI	акс	Wiodei	3	tyle	Color		LIC/I	LIS			VIII							
H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	L = L (Chec	ost S	= Stolen	R = Recovered if recovered for other	D=	Damaged	Z = Seized	B = E	urne	$\mathbf{C} = \mathbf{C}$	ounterfeit / F	orged	F = Found	d						
	Victin	1				ĺ	Proporty Description							Make/Model Serial Num				1		
P - R .	#	# DCI Status Value OJ QTY						Property Description							ake/Model Serial Number DATA OMITTEL					
																		FOF	₹	
																		ORM <i>A</i>		
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O P .																	F	URPO	SES	
Е.																	ONI	Y THE	E FIRST	
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	NT 1	- C T '	abi-1 C	Stolan C	NT.	mba: 37.11	alaa D	a ^												
	Office		ehicles S	Stolen 0		moer venic	cles Recovered Officer Sig	-				Т	Supervisor	Signat	ıre					
ID	MIN	JTZ, J .	D. (16	5069)	**			<u> MUL</u>							LINS, B. H. (15079)					
Status	Comp	lainant	Signatur	e			Case Status Further Inact Closed	r Investive /Cleare	ed	on	Case Dispos Unfoun Cleared Cleared Death of	ded by Ai by Ai	Locarest rest by Ano	Refuse ther Ag	gency	ooperate	Extra	dition I	Declined e 1	