| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | | NCIDENT/INVESTIGATION | | | | | | OCA 2424110 | | | |
|--|---|---------|--------------------|-----------------|--------|-----------|-----------------------------------|-------------------------|-------------|-----------------------|------------------------------------|---|-----------------------|------------------------|--|-------------|-----------------------------|--------------------------|--|
| C · | ORI | | | | REPORT | | | | | | Date / Time Reported S M T W T F S | | | | | | | | |
| D | | | NC 034 | | | | | | | | 07 07 2024 12:32 Hrs. | | | | | | | | |
| E N | #1 | rime I | ncident(s | | ** | 7°.1 I | | | - 1 | At Foun Month | | | | T F S | | | Day Yr 🖰 | MTWTFS Time | |
| Τ. | | 'rime I | Brea | aking & Enterin | ig W | ith For | <u>ce</u> | _ | Com | 07 Location | | | 4 12 | 2:32 Hrs | 07 | (| | 12:31 Hrs. Offense Tract | |
| D A | #2 Crime Incident | | | | | | | | | | | | | | | NC 2 | | 124 | |
| T | #3 | Crime I | ncident | | | | | _ | Att | Premise | | | / | | | | Victim Reside | | |
| A | | | | | | | | | Com | | | | | | | _ | | ly ∏Multi Family | |
| МО | | | d or Con MITTEI | | | | | | | | | | | Forcible Yes No | X N/A | We | apon / Tools | | |
| | # of Victims Type None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | lcohol Use: | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | es Unknown | | | |
| V | | 7: -4: | | • – | | | Outy Othe | er/Un | know | n _ | | | | | . | | | | |
| C | Victim/Business Name (Last, First, Middle) Victim of DOB / Age Crime # | | | | | | | | | | | | | | Race | Sex | Relationship To Offender | Resident Status Resident | |
| T I | V1 | | DA | TA OMITTED | | | | | 1, | | | W | M | | Non-Resident ☐ Unknown | | | | |
| Μ . | Home Address | | | | | | | | | | | | -, ,, | | | | Home Phone | | |
| | | | | | ГТЕ | TTED | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | | | | | | | |
| Cours | Victim | | | | | Í | | Proporty Description | | | | | | | Make/Model Serial Number | | | | |
| - - P - R _ | # DCI Status Value OJ QTY 1 36 7 3 MITER SAW | | | | | | | Property Description | | | | | | | DEWAI | | | ATA OMITTED | |
| | 1 | 36 | 7 | | | 1 | PAINT SPRAYER | | | | | | | | | | | FOR | |
| | 1 | 36 | 7 | | | | HAMMER DRILL | | | | | | | | | | IN | FORMATION | |
| | 1 | 36 | 7 | | | | AIR COMPRESSOR | | | | | | | 1 | DEWAI | LT/6 | | SECURITY | |
| O P - | 1 | 36 | 7 | | | | DOOR HANDLES | | | | | | | | | | | PURPOSES | |
| E - | 1 | 36 | 7 | | | 0 | TABLE SAW | | | | | | | | | | ON | ILY THE FIRST | |
| R T | | | | | | | | | | | | | | | | | | VE PROPERTY | |
| Y | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | D | ISPLAYED ON | |
| | | | | | | | | | | | | | | | | | F | 2C REPORTS | |
| - | Nisse-1 | or of T | ahiala- C | tolon 0 | NT | mbo= 17-1 | ialas Daa | d | 0 | | | | | | | | | | |
| | Officer | | ehicles S | Stolen 0 | | moer veh | icles Recovere Officer Sig | | e e | | | | I | Supervisor | Signat | ure | | | |
| ID | TAY | LOR, | J. C. (| 16205) | | | | - | | _ | | | BOISSI | EY, S. | Ğ. (| (15475) | | | |
| Status | Compl | ainant | Signatur | e | | | Case Statu Further X Inact Closed | r Inve tive /Clea | ared | | | | ded by Ai by Ai | Locarrest rrest by Ano | Refuse ther Ag | gency | Cooperate | Page 1 | |