| I N | Agency Name WINSTON-SALEM POLICE | CIDENT/INVESTIGATION | | | | | OCA 2424898 | | | | | |
|--------------------|---|--|---|---------|----------------|------------------------|--|------------|------------------------------------|-----------------|---------------|--|
| C | ORI | REPORT Att At Found SMTWTFS Month Day Yr Time | | | | | Date / Time Reported SMTWTFS | | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | O7 13 2024 07:58 Hrs. Last Known Secure SMTWTFS Month Day Yr Time | | | | | |
| N T | #1 Rec. Stolen Auto From Another Jus | risdiction | Tr. Com | Month | | | ime 58 Hrs | Monti | i Da I <i>13</i> | | Time | |
| D . | #2 Crime Incident | ischerion. | | | of Incident | <i>†</i> <i>07</i> . | 36 1115 | 07 | 13 | | Offense Tract | |
| A | | | | | | | | | | | | |
| T A | #3 Crime Incident | Att Premise Type | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | |
| МО | How Attacked or Committed DATA OMITTED | Forcible ☐ Yes ☐ No | | | | ☐ Yes ☐ | Weapon / Tools | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | |
| V | 1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown No. No. N/A | | | | | | | | | | _ | |
| I | Victim/Business Name (Last, First, Middle) Victim of DOB / Age | | | | | | | Race | e Sex Relationship Resident Status | | | |
| C T | V1 DATA OMITTED | Crime # | | | 30 | | | o Offender | □ Resident □ Non-Resident | | | |
| I M | | 1, | | | | | ·· | F | | Unknown | | |
| | Home Address | TTED | ED | | | | Home Phone | | | | | |
| | Employer Name/Address | ГТЕО | | | | | Business Phone | | | | | |
| , | VYR Make Model Style 2019 KIA SOUL MP | | Lic/Lis Vin FHS2298, NC KN | | | | IDJN2A23K7644586 | | | | | |
| | 200, 1000 | 2019 KIA SOUL MP RED FHS2298, NC KNDJN2. | | | | | | | | | | |
| О | | | | | | | | | | | | |
| T H | | | | | | | | | | | | |
| E R | | | | | | | | | | | | |
| S | | | | | | | | | | | | |
| I | DATA OMITTED | | | | | | | | | | | |
| N | | | | | | | | | | | | |
| V O | V O L V E | | | | | | | | | | | |
| L V | | | | | | | | | | | | |
| E | | | | | | | | | | | | |
| D | | | | | | | | | | | | |
| Status | L = Lost $S = Stolen$ $R = Recovered$ $D = Damag$ | od 7 – Soigad | D = Durmad | 1 C - C | untarfait / E | Torgad | E = Found | l | | | | |
| Status Codes | (Check "OJ" column if recovered for other jurisdiction | n) | B – Burnec | | Junterrent / T | orgeu | r – round | | | | | |
| | Victim # DCI Status Value OJ QTY | | Property Description | | | | | | /Mode | | ial Number | |
| - - P - R | 1 38 4 1 1 38 4 1 | WINDOW VEHICLE PA | | | | | | | | DA | FOR | |
| | 1 | 2019 RED, | VEHICLE PARTS/ACCESSORIES 2019 RED , FHS2298 NC | | | | | | IA Soul INFORMATION | | | |
| | | , , , , , , , , , , , , , , , , , , , | | | | | | | | | SECURITY | |
| O p - | | | | | | | | | | | PURPOSES | |
| E - | | | | | | | | | | ON | LY THE FIRST | |
| R T | | | | | | | | | | | /E PROPERTY | |
| Υ . | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | SPLAYED ON | |
| - | | | | | | | | | | P2 | 2C REPORTS | |
| - | Number of Vehicles Stolen 0 Number V | l chicles Recovere | ed 1 | | | | | | | | | |
| ID | Officer ID# MINTZ, J. D. (16069) | Officer Sig | Officer Signature Supervisor Signature MULLINS, B. H. (15079) | | | | | | | | | |
| ıν | Complainant Signature | Case Disposition: | | | | | | | | | | |
| Status | | | Further Investigation Unfounded Located Extradition Deci | | | | | | | dition Declined | | |
| siaius | | Close | | usted | Cleared | by Arr | est by Anot | her Age | ncy | | Page 1 | |