I N	Agenc	y Name		VSTON-SALEN	OLICE	] IN	INCIDENT/INVESTIGATION						OCA 2425057					
C	ORI	NC	NC 034	10200			REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s				Att At Found SMTWTFS Month Day Yr Time							O7   14   2024   II:06 Hrs.  Last Known Secure SMTWTFS Month Day Yr Time				
N T	#1			Missing Pe	rson			_	Com	Month 07			Time $1:06$   Hrs			Day Yr 🗀	Time $08:30$ Hrs.	
D	#2	Crime I	ncident						Att	Location	of Incider	ıt					Offense Tract	
A T	Com 4330 Spenway Pl, Winston-salem															06 Victim Reside	124	
A	#3	Jime I	neident					☐ Att   Premise Type ☐ Com						☐ Single Family ☐ Multi Family				
МО			d or Com MITTEE					Forcibl						Weapon / Tools				
	# of Victims   Type   No   Drug/Alcohol Use:															lcohol Use:		
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																	
V I		Victim/		-			ty Othe	r/Unl	know	n 🗆			nscious   B / Age	<del>.                                      </del>	ner Major No N/A cel Sex Relationship Resident Status			
C T	Victim/Business Name (Last, First, Middle)  V1									Victim of Crime #				Race	sex	To Offender	□ Resident	
I	` -		DA	ΓA OMITTED					1,			$\mid B \mid$	F		☐ Non-Resident			
M	Home Address DATA OM								ITTED						Home Phone			
	Emplo	me/Addi	ress		A OMITTED						Business Phone							
,	VYR	M	Model	Color Lic/Lis Vin						Vin								
O T H E R S I N V O L V E D		DATA OMITTED																
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered  f recovered for other	D = D er juris	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfei	/ Forge	l F = Found	d				
	Victim # DCI Status Value OJ QTY						Property Description							Mal	ce/Mo	del Se	erial Number	
- - P - R										•					DA	ATA OMITTED		
					+											IN	FOR FORMATION	
					+												SECURITY	
ο .																	PURPOSES	
P :																		
R.					_												ILY THE FIRST	
Т Ү.					-											1 WEL	VE PROPERTY ITEMS ARE	
-					+	-+										D	ISPLAYED ON	
					+												2C REPORTS	
			ehicles S	tolen 0		ber Vehic	cles Recovere		0				I a	a.				
ID	Office:		Officer Sig	natur	re 				JACOE	or Signature <i>DBS</i> , <i>A. P.</i> (14962)								
			Signatur			Case Status				Case Dis				,				
Status							☐ Further ☐ Inact ☐ Closed ☐XI Closed	ive /Clea	red		Clea	red by A	Loca rrest rrest by Ano	Refuse ther Ag	gency	ooperate	Page 1	