| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | | ICIDENT/INVESTIGATION | | | | | | OCA 2425147 | | | |
|---|--|-----------------------------------|-----------------------------|--------------------|--------|----------------------|-------------------------------|--------------------------|----------------------|-----------------------|--|-----------------------------|-----------------------|--|----------------------|----------------|----------------------------|--------------------------|--|
| C | ORI | N.G. | | | REPORT | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | | | |
| D E | | | NC 034 | | | | | | | | 07 15 2024 09:01 Hrs. | | | | | | | | |
| N | #1 | rime ii | ncident(s | | ı — | Att Com | At Fou | . [| | | T F S | | | Day Yr | Time | | | | |
| T | "0 (| Crime I | ncident | utobreaking An | a L | arceny | | _ | Att | 07 Locatio | | 15 2024 Incident | 4 08 | 8:00 Hrs | 07 | | 14 2024 | Offense Tract | |
| D A | #2 | | | | | | lmer Av, | Wins | ton-salen | n NC 2 | 2710 | 5 | 121 | | | | | | |
| T A | #3 | Crime I | ncident | | | | | | Att | Premise | Туј | pe | | | | - 1 | Victim Reside | * * | |
| А | How A | ttacke | d or Com | mitted | | | | | Com | | _ | | | Forcible | Т | _ | Single Fam apon / Tools | ily □Multi Family | |
| MO | | | MITTEL | | | | | | | | | | | Yes [| X N/A | | | | |
| | # of V | ictims | Type | ▼ Person | П | Business | | | | Inju | ry | X None | ПМ | _ | Loss o | f Tee | th Drug/A | Alcohol Use: | |
| | 2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown | | | | | | | | | | | | | | | _ | | | |
| V I | | Jictim/ | | Name (Last, First, | | | uty Othe | er/Ur | ıknow | 'n [| | Victim of | | nscious B / Age | Other | | | | |
| C T | V1 | · ictiiii | | | | | | | Crime # | DOI | 34 | Race | JCA | To Offender | | | | | |
| I | 1 | | DA | ΓA OMITTED | | | | | 1, | | | $\mid w \mid$ | F | 1RU | □ Non-Resident | | | | |
| M | Home | Addre | ss | | FTED | | | | | | | | Home Phone | | | | | | |
| | Employer Name/Address DATA OMI Employer Name/Address | | | | | | | | | | | | | | | Business Phone | | | |
| | DATA OMI | | | | | | | | | /r · | | 1.37 | | | 240.1140.10 | | | | |
| | VYR | M | аке | Model | St | yie | Color | | Li | c/Lis | | | | Vin | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | |
| Codes | Victim | | | | | Property Description | | | | | | T | Mol | e/Mo | odol C | erial Number | | | |
| - - P - | 1 | # DCI Status Value OJ QTY 1 23 7 | | | | | | | Troperty Description | | | | | | IVIAN | e/IVIO | | ATA OMITTED | |
| | 1 20 7 1 US CURRENCY/LOOSE CHANGE | | | | | | | | | | | | | | FOR | | | | |
| | 1 77 7 1 SUNGLASSES | | | | | | | | | | | | | NFORMATION | | | | | |
| R O | 2 | 2 SUV TARG 1 2007 BLU, EBX7171 NC | | | | | | | | | ı i | VISS Pa | athfin | der | SECURITY PURPOSES | | | | |
| Ρ. | | | | | | | | | | | — | | | | | | | FURFUSES | |
| E - R | | | | | | | | | | | | | | | | | O | NLY THE FIRST | |
| T Y | | | | | | | | | | | | | | | | | TWE | LVE PROPERTY | |
| | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | | P2C REPORTS | |
| | | | | | | | | | | | — | | | | | | | 2C KEFUKIS | |
| - | Numb | er of V | ehicles S | tolen 0 | Nui | mber Vehi | cles Recovere | d | 0 | | | | | | | | | | |
| ID | Office: | | F (15 | III |)# | | Officer Sig | natu | re | | | | | Supervisor MATTI | Signatu | ire C A | 1 (15167) | | |
| ID | | | . <i>E. (15</i> Signatur | | | Case Statu | s | | | | | | | ISŎN, G. M. (15167) | | | | | |
| Status | • | | ū | | | | ☐ Further [X] Inact ☐ Closed | r Inve tive //Clea | ared | | | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded by Ai by Ai | Locarrest Locarr | Refuse ther Ag | gency | ooperate | radition Declined Page 1 | |