I N	Agenc	y Name		ISTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2425824						
C	ORI	NC	NC 02	10200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time 07 20 2024 14:50 Hrs.				
D E	NC NC 0340200 Crime Incident(s)								Δtt I	At Found	1	SM	T W	T F S	07				14:50 Hr M T W T F	
N T	#1			, Discharging F	Att At Found S M T W T F S Month Day Yr Time N Com 07 20 2024 14:50 Hr.							Month Day Yr Time								
D	#2	Crime I	ncident				_	Location			114	.50	7 07		.0 20		Offense Tract	<u> </u>		
Α	Com 3629 Yale Av, Winston-salem NC 22																7' 4' D		212	_
T A	#3	Jillie 1	ncident				☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family						
МО			d or Com MITTEI				-					Forcible Yes No	X N/A	We	apon / To	ools				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Us															cohol Use:	٦			
V	1			ciety Government Gious L.E. Off			inancial Institu		know			n Bone		Severe	Lacerat Other			∃ Yes ⊠ No	Unknow	n
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Rac														Race		Relation	ship	Resident Stati	us
C T	VI DATA OMITTED												Crime #				To Offe	nder	☐ Resident ☐ Non-Resid	leni
I M						1,										Unknown				
	Home Address DATA OM									TTED						Home Phone				
	Emplo	me/Add	ress	ATA OMI	FA OMITTED							Business Phone								
,	VYR Make Model Style						Color Lic/Lis Vin						Vin							
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	R = Recovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed C = C	Counter	rfeit / F	orged	F = Foun	d					
	Victim # DCI Status Value OJ QT					QTY	Property Description								Mak	e/Mo	del	Ser	ial Number	
													DA	ΓΑ OMITTED	,					
P - R - O					_													INI	FOR FORMATION	_
					\dashv														SECURITY	-
					+														PURPOSES	-
P :																				
R																			LY THE FIRS	—
Т Ү.					\dashv												T		/E PROPERT TEMS ARE	<u>Y</u>
					+														SPLAYED ON	<u>_</u>
					+														C REPORTS	\vdash
			ehicles S	-		nber Vehic	cles Recovere		0					-	a:					
ID	Office:		N. (16	ID 119)	Officer Sig	natur	e					Supervisor GILLIS	or Signature <i>IS</i> , <i>S. M.</i> (15854)							
			Signatur		Case Status							,								
Status						☐ Inactive ☐ Cleared by Arrest ☐ Closed/Cleared ☐ Cleared by Arrest						rest rest by And								