I N	Agenc	y Name		NSTON-SALE	CIE	CIDENT/INVESTIGATION						OCA 2426125									
C	ORI	NG			-	REP	REPORT					Date / Time Reported S M W T F S Month Day Yr Time									
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N	#1	Jime I) ossession/conce	ons	_	Att Com	At Found Month	D			T F S Time D:12 Hrs			yn Secure Day Y	r 💳	Time	_				
T	#2	Crime I	ncident	Ossession/Conce	Ons	_	Att	07 Location	_		s <i>07</i>	07 23 2024 09:11 Hrs - Offense Tract									
D A	□ Com 650 Highland Av, Winston-salem No																		221		
T A	#3	Crime I	ncident					☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family						
МО			d or Con		Forcible Yes						Weapon / Tools										
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:	_				
																vn					
V I		Victim/		• –			uty Othe	er/Un	ıknow	n _					Other Race			No hin	□N/A Resident Stat	tue	
C T	T/1 Crime #														Race	ЗСХ	To Offer	nder	☐ Resident		
I	` -		DA	ΓA OMITTED								1,							☐ Non-Resid		
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	Employer Name/Address DATA OMI															Business Phone					
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O T H E R S I N V O L V E D	DATA OMITTED																				
Status															_						
Codes	(Chec Victim		column	if recovered for other	er jur	risdiction)															
	# DCI Status Value OJ QTY 13 EVID 1 (1)						Property Description (380) FIREARMS/AMMUNITION									ake/Model Serial Number ER/Lcp DATA OMITTEI				<u></u>	
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ID	RING, M. B. (15863)								GOI							or Signature (DON, J. G. (15435)					
	Complainant Signature Case State									Case Disposition: nvestigation Unfounded Located Ex							Extr	dition Declin	ned		
Status							☐ Inact	tive /Clea	ared		j	☐ Cleared ☐ Cleared	by Ai	rrest Extrest by Ander	Refuse other Ag	ency	ooperate	_	Page 1		