| I<br>N   | Agenc                                  | y Name          |                      | STON-SALEN              | 1 P             | OLICE                               | ] IN   | INCIDENT/INVESTIGATION |               |            |                           |                              |                 | OCA 2426140  |            |                             |                                |  |
|--|--|-----------------|----------------------|-------------------------|-----------------|-------------------------------------|--|------------------------|---------------|------------|---------------------------|------------------------------|-----------------|--|------------|-----------------------------|--------------------------------|--|
| C ·  | ORI                                    | NG              |                      |                         |                 |                                     | REPORT    Att   At Found   SMINTFS     Month Day Yr Time |                        |               |            |                           |                              |                 | Date / Time Reported SMIWTFS<br>Month Day Yr Time                            |            |                             |                                |  |
| D<br>E   |  |                 | NC 034               |                         |                 |                                     |  |                        |               |            |                           |                              |                 | O7   23   2024   10:34 Hrs.  Last Known Secure SM WW TFS  Month Day Yr  Time |            |                             |                                |  |
| N<br>T   | #1                                     | JIIIIC II       | icident(s            | ,<br>Trespassi          | ng              |                                     |  | LX (                   | - 1           | Month 07   |                           |                              | ime<br>:34  Hrs |  |            | Day Yr                      | Time $10:33$ Hrs.              |  |
| D .  | #2                                     | Crime I         | ncident              | 11 espassi.             |                 |                                     |  |                        | $\rightarrow$ |            | of Incident               | 7   10                       | 7.34   111.5    | <u> </u>   |            | 2024                        | Offense Tract                  |  |
| A  | □ Com 636 E Monmouth St, Winston-salem |                 |                      |                         |                 |                                     |  |                        |               |            |                           |                              |                 |  |            |                             | 211                            |  |
| T<br>A   | #3                                     | rime I          | ncident              |                         |                 |                                     |  |                        |               | Premise T  | ype                       |                              |                 |  |            | Victim Reside<br>Single Fam | ence Type<br>ily ∏Multi Family |  |
| МО   |  |                 | d or Com             |                         |                 |                                     |  |                        | Forcible      |            |                           |                              | Weapon / Tools  |  |            |                             |                                |  |
| МО   | DATA OMITTED Yes No                    |                 |                      |                         |                 |                                     |  |                        |               |            |                           |                              |                 |  |            |                             |                                |  |
|  | # of V                                 | ictims          |                      | ☐ Person                |                 | Business                            | inancial Instit  | uto.                   |               | Injury     | □ None                    |                              | _               | Loss o   |            | -                           | Alcohol Use:                   |  |
| V  | 2                                      |                 |                      | igious   L.E. Off       |                 |                                     |  |                        | cnow          | . –        | Broken Bond<br>Internal 🔲 |                              | ☐ Severe        | Lacerat<br>Other   |            | . –                         | es □Unknown  o □N/A            |  |
| I<br>C   |  |                 |                      |                         |                 |                                     |  |                        |               |            |                           |                              |                 |  | Sex        | Relationship<br>To Offender | Resident Status                |  |
| T<br>I   | V1 DATA OMITTED                        |                 |                      |                         |                 |                                     |  |                        |               |            |                           | 1,                           |                 |  |            | To Offender                 | Non-Resident  ☐ Non-Resident   |  |
| M ·  | Home                                   | Addre           | ss                   |                         |                 |                                     |  |                        |               |            | 1,                        |                              |                 |  | Home Phone |                             |                                |  |
|  | DATA OM                                |                 |                      |                         |                 |                                     |  |                        | TTED          |            |                           |                              |                 |  |            |                             |                                |  |
|  | Emplo                                  | me/Addı         | ress                 | ATA OMI                 | A OMITTED       |                                     |  |                        |               |            | Business Phone            |                              |                 |  |            |                             |                                |  |
| •  | VYR                                    | M               | ake                  | Model                   | Sty             | yle                                 | Color  |                        | Lic           | /Lis       |                           |                              | Vin             | ·  |            |                             |                                |  |
| O<br>T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D |  | DATA OMITTED    |                      |                         |                 |                                     |  |                        |               |            |                           |                              |                 |  |            |                             |                                |  |
|  |  |                 |                      |                         |                 |                                     |  |                        |               |            |                           |                              |                 |  |            |                             |                                |  |
| Status<br>Codes  | L = L<br>(Chec                         | ost S<br>k "OJ" | = Stolen<br>column i | R = Recovered for other | D = I<br>r juri | Damaged sdiction)                   | Z = Seized   | B =                    | Burn          | ed $C = C$ | ounterfeit / I            | Forged                       | F = Foun        | d  |            |                             |                                |  |
|  | Victim # DCI Status Value OJ QTY       |                 |                      |                         |                 |                                     | Property Description                                     |                        |               |            |                           |                              |                 | Mak  | e/Mo       | odel S                      | erial Number                   |  |
| -<br>-<br>P -<br>R   |  |                 |                      |                         |                 |                                     |  |                        | re J was re   |            |                           |                              |                 |  |            | D.                          | ATA OMITTED                    |  |
|  |  |                 |                      |                         | $\dashv$        |                                     |  |                        |               |            |                           |                              |                 |  |            | T                           | FOR<br>NFORMATION              |  |
|  |  |                 |                      |                         | +               |                                     |  |                        |               |            |                           |                              |                 |  |            | 11                          | SECURITY                       |  |
| 0  |  |                 |                      |                         |                 |                                     |  |                        |               |            |                           |                              |                 |  |            |                             | PURPOSES                       |  |
| Р <sup>-</sup><br>Е -  |  |                 |                      |                         |                 |                                     |  |                        |               |            |                           |                              |                 |  |            |                             |                                |  |
| R .  |  |                 |                      |                         | _               |                                     |  |                        |               |            |                           |                              |                 |  |            |                             | NLY THE FIRST<br>LVE PROPERTY  |  |
| T<br>Y   |  |                 |                      |                         | +               |                                     |  |                        |               |            |                           |                              |                 |  |            | 1 WE                        | ITEMS ARE                      |  |
| -  |  |                 |                      |                         | +               |                                     |  |                        |               |            |                           |                              | +               |  |            | Е                           | DISPLAYED ON                   |  |
|  |  |                 |                      |                         |                 |                                     |  |                        |               |            |                           |                              |                 |  |            | ]                           | P2C REPORTS                    |  |
| -  |  |                 |                      |                         |                 |                                     |  |                        |               |            |                           |                              |                 |  |            |                             |                                |  |
|  | Numb                                   |                 | ehicles S            | tolen 0                 |                 | nber Vehic                          | cles Recovere Officer Sig                                |                        | <i>0</i>      |            |                           | ı                            | Supervisor      | Signati  | ıre        |                             |                                |  |
| ID   | FER                                    |                 |                      | NAV                     |                 |                                     |  |                        |               |            | 7, C. M. (15037)          |                              |                 |  |            |                             |                                |  |
| Status   | Comp                                   | lainant         | Signatur             | e                       |                 | Case Status  Further  Inact  Closed | r Inve   |                        | ion           | Case Dispo | ided<br>I by Ai           | Loc<br>rrest<br>rrest by And | ] Refuse        | e to C   | ooperate   | radition Declined           |                                |  |
|  |  |                 |                      |                         |                 |                                     | ☐ Closed   |                        |               | nausted    |                           |                              | nder $\Box$     |  |            |                             | Page 1                         |  |