| I<br>N          | Agenc   | y Name            | NSTON-SALE         | IN                                   | NCIDENT/INVESTIGATION                  |   |                  |          |                      |                    | OCA 2428503    |               |                                   |                  |   |                                  |          |          |            |         |
|-----------------|---|-------------------|--------------------|--------------------------------------|--|---|------------------|----------|----------------------|--------------------|----------------|---------------|-----------------------------------|------------------|---|----------------------------------|----------|----------|------------|---------|
| I<br>C          | ORI   | NC                | NC 034             | 40200                                |  |   | _                | REPORT   |                      |                    |                |               |                                   |                  | Date / Time Reported SMTWTFS<br>Month Day Yr Time |                                  |          |          |            |         |
| D<br>E          |   |                   | ncident(s          |                                      | Att At Found SMTWTFS Month Day Yr Time |   |                  |          |                      |                    |                |               | 08   10   2024   17:16            |                  |   |                                  |          |          |            |         |
| N<br>T          | #1  |                   |                    | Discharging H                        | Tirea                                  | ırm   |                  | _        | Com                  | Month 08           | Ι              |               |                                   | ime<br>7:16  Hrs |   |                                  |          |          | Time 17:15 |         |
| D.              | #2  | Crime I           | ncident            |                                      |  |   |                  | _        | Att                  |                    |                | Incident      | +   1/                            | .10              | 7 00  |                                  | 10   202 |          | Offense Ti |         |
| A               | Com 1401 N Main St, Winston-salem NC  |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          | 112        |         |
| T<br>A          | #3  | Crime I           | ncident            |                                      |  |   | Att<br>Com       | Premise  | Тур                  | pe                 |                |               |                                   |                  | Victim Res  |                                  | • •      | Family   |            |         |
| МО              |   |                   | d or Con<br>MITTEI |                                      | Forcible ☐ Yes ☐ No                    |   |                  |          |                      |                    | Weapon / Tools |               |                                   |                  |   |                                  |          |          |            |         |
|                 | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   | »:                               |          |          |            |         |
| **              | 1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
| V<br>I          |   | Victim/           |                    | Name (Last, First,                   |  |   | иту 🔲 Опт        | 21/ () 1 | IKHOW                | <sup>/11</sup>   _ |                | Victim of     |                                   | S / Age          | <del>-</del> -                                    | Sex Relationship Resident Status |          |          |            |         |
| C<br>T          | Crime #   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  | To Offen | der      | ☐ Resid    | lent    |
| I               |   |                   | DA                 | IA OMITTED                           |  |   |                  |          |                      |                    |                | 1,            |                                   |                  |   |                                  |          | - 1      | ☐ Non-I    |         |
| М -             | Home Address DATA OMIT  |                   |                    |                                      |  |   |                  |          |                      | TTED               |                |               |                                   |                  |   | Home Phone                       |          |          |            |         |
| •               | Employer Name/Address DATA OMI  |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   | Business Phone                   |          |          |            |         |
| •               | VYR   | Color Lic/Lis Vin |                    |                                      |  |   |                  |          | Vin                  |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
|                 |   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
| O<br>T          |   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
| Н               |   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
| E<br>R          |   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
| S               |   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
| I               | DATA OMITTED  |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
| N               |   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
| V<br>O          | V<br>O  |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
| L<br>V          |   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
| E               |   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
| D               |   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
|                 |   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
| Status<br>Codes | L = L<br>(Chec  | ost S<br>k "OJ"   | = Stolen column    | R = Recovered if recovered for other | D = I<br>er juri                       | Damaged<br>isdiction)                                   | Z = Seized       | B =      | Burn                 | ied C=             | Cou            | unterfeit / F | Forged                            | F = Foun         | d   |                                  |          |          |            |         |
|                 | Victim # DCI Status Value OJ QTY  |                   |                    |                                      |  |   |                  |          | Property Description |                    |                |               |                                   |                  | Mak   | Make/Model Serial Number         |          |          |            | er      |
| -<br>-<br>P -   | 1 13 EVID 1 (380) HANDO   |                   |                    |                                      |  |   |                  | GUN      |                      |                    |                |               |                                   |                  | RUGEF   |                                  |          |          |            |         |
|                 | 1   | 13                | EVID               |                                      |  |   | (380) AMMUNITION |          |                      |                    |                |               |                                   |                  |   |                                  |          |          | FOR        |         |
|                 | 1   | 77                | EVID               |                                      | _                                      | 1   | CLOTHING         |          |                      |                    |                |               |                                   |                  |   | INFORMATION SECURITY             |          |          |            |         |
| R<br>O          |   |                   |                    |                                      | _                                      |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          | PURPOS     |         |
| Р -             |   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
| E -<br>R _      |   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          | LY THE I   |         |
| T<br>Y          |   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  | TW       |          | E PROP     |         |
| ٠.              |   |                   |                    |                                      | $\dashv$                               |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          | TEMS A     |         |
| -               |   |                   |                    |                                      | $\dashv$                               | -+  |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          | C REPO     |         |
| -               |   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  |          |          |            |         |
|                 |   |                   | ehicles S          |                                      |  | nber Veh  | cles Recovere    |          | 0                    |                    |                |               |                                   | C :              | G: -  |                                  |          |          |            |         |
| ID              | Officer<br>JON  |                   | K. (15             | id<br>5926)                          | Officer Sig                            | Officer Signature Supervision CLA                       |                  |          |                      |                    |                |               | or Signature<br>RK, D. C. (15090) |                  |   |                                  |          |          |            |         |
|                 | Complainant Signature Case Stat   |                   |                    |                                      |  |   |                  |          |                      | Case Disposition:  |                |               |                                   |                  |   |                                  |          | Evter    | dition Do  | aclined |
| Status          | ina 🔀 Ina   |                   |                    |                                      |  |   |                  |          |                      |                    |                |               |                                   |                  |   |                                  | ∟xıra    | annon De | ennea      |         |
|                 |   |                   |                    |                                      |  | Closed/Cleared Closed/Leads Exhausted Death of Offender |                  |          |                      |                    |                |               | t by Another Agency               |                  |   |                                  |          |          |            |         |