I N	Agenc	y Name		NSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2431253						
I	C REPORT															Time	Reported	d ≦ Yr		
D E			ncident(s		 Att At Found								09 01 2024 05:46 Hrs							
N T	#1			Discharging F	ı —	Month Day Yr Time Month Day Yr									r 💳	Time	rs.			
D .	#2	Crime I	ncident			Att	Location	of I	Incident					,1 20		Offense Tract				
A T	Com 215 Danby Dr, Winston-salem NC 2 H Crime Incident □ Att Premise Type																Victim Re	ciden	323	
A	#3	Jime I	nerdent				Com								☐ Single Family ☐ Multi Family					
МО			d or Com MITTED											Forcible Yes No	X N/A	We	apon / To	ols		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:				
17	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major															_	vn			
V I															Race	<u> </u>		ship	Resident Star	
C T	V1		D۸۲	LY UMILLED		Crime #						To Offer	nder	☐ Resident ☐ Non-Resident						
I M ·																			Unknown	
111	Home Address DATA OMI									TTED						Home Phone				
	Employer Name/Address DATA								OMITTED							Business Phone				
	VYR	Color Lic/Lis Vin						Vin												
																				\dashv
O 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 i	R = Recovered if recovered for other	D = E r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Cour	nterfeit / F	orged	F = Foun	d					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	del	Ser	ial Number	
														DA	ΓΑ OMITTEI	D				
P - R - O					_													INI	FOR FORMATION	
					+														SECURITY	<u>`</u>
					\top														PURPOSES	-
Р ⁻ Е -																				
R																			LY THE FIRS	
Т Ү -					+												T		E PROPERT	Y
-					+														SPLAYED O	
-					+														C REPORTS	
_																				
			ehicles S			ber Vehic	cles Recovere		0					C	C:	144.5				_
ID	Officer BUR		2. C. (1e	ID 6117)		Officer Sig	Officer Signature Supervisor Signature MCKAUGHAN, A. M. (14884)										4)			
	Comp	ainant	Signatur	e	Case Status	Status Case Disposition:														
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ıred]		by Ar	Test by Ander	Refuse other Ag	gency	ooperate	_	Page 1	.ea