I N	Agenc	y Name		NSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2431356					
I C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s		Att At Found SMTWTFS Month Day Yr Time								Day 17 Time 19 19 19 19 19 19 19 1						
N T	#1		`	Discharging F	irea	ırm		ı —	Com	Month 09	D			lime 3:58 Hrs				r 🗀	Time 03:57 Hrs
D .	#2	Crime I	ncident							Location	n of	Incident							Offense Tract
A T		'rime I	ncident					_	Com	118 A			ll Bv,	Winston	-salem		27101 Victim Re	eiden	221
A	#3	inne i	nerdent						Att Com	Tremise	1) }	, c				- 1			y □Multi Famil
МО			d or Com MITTEI			•					Forcible Yes	X N/A	We	apon / To	ols				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:			
	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Internal Unconscious Other Major No															Unknown			
V I		/ictim/		Name (Last, First,			ity U Otne	er/Un	iknow	n _		ternal Victim of		scious [- -	Sex Relationship Resident Status			
C T	V1			ΓA OMITTED					Crime #		- /8-			To Offer	nder	☐ Resident			
I M ·				IA OMITTED	1,										☐ Non-Resider ☐ Unknown				
141	Home	Addre		ATA OMI	TTED								Home Phone						
	Employer Name/Address DATA C															Business Phone			
•	VYR	Color Lic/Lis Vin						Vin											
O T H E R S I N V O L V E D							DATA	7 C	ЭΜ	ITTI	ΕΓ)							
	L = Lost $S = Stolen$ $R = Recovered$ $D = Damaged$ $Z = Seized$ $B = Burned$ $C = Counterfeit / Forged$ $F = Found$																		
Status Codes	(Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = I	isdiction)	Z = Seized	В=	Burn	ied C=	Cou	interfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number			
P - R - O -														DA	FOR				
					_													IN	FORMATION
					一														SECURITY
																			PURPOSES
Р Е -					_													ONT	V THE EIDOT
R T					_												T		LY THE FIRST /E PROPERTY
Y					\dashv														TEMS ARE
-					\neg													DI	SPLAYED ON
-					\Box													P2	C REPORTS
-	NI1	om of 17	abial C	tolon 0	N	nh on 37-1 '	alaa Da	a	0										
	Office		ehicles S	ID		noer veni	cles Recovere Officer Sig		0 re				1	Supervisor	Signat	ure			
ID	GRA		ÀLLI							N, W. A. (15431)									
Status	Comp	aınant	Signatur	e			Case Status Further Inact Closed	r Inve		tion		Case Dispos Unfoun Cleared	ded by A	Loc rest rest by And	Refuse	e to C	Cooperate	Extra	dition Declined
							☐ Closed			hausted				nder 🗆				4	Page 1