| I<br>N             | Agency Name WINSTON-SALEM POLICE  |  |             |   | NCIDENT/INVESTIGATION |                      |             |          |        |             | OCA 2431551                           |   |                   |                             |  |
|--------------------|---|--|-------------|---|-----------------------|----------------------|-------------|----------|--------|-------------|---------------------------------------|---|-------------------|-----------------------------|--|
| C ·                | ORI   |  |             |   |                       | REPORT Da            |             |          |        |             |                                       | ate / Time Reported SMIWTFS                   |                   |                             |  |
| D<br>E             | NC NC 03402   | 200                                    |             |   |                       |                      |             |          |        |             |                                       | 09   03   2024  14:57 Hrs.                    |                   |                             |  |
| N                  | #1 Crime Incident(s)  | : 0 E V                                | Wale Fam    |   | Att                   | At Fou<br>Month      | . D         |          |        | T F S       |                                       |   | ay Yr 🗕           | M T W T F S<br>Time         |  |
| Τ.                 | Crime Insident  | ing & Entering V                       | vith Forc   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |                       |                      |             |          |        |             | 5 09 03 2024 14:56 Hrs. Offense Tract |   |                   |                             |  |
| D<br>A             | #2 Crime Incident   | ☐ Com 434 Brookstown Av, Winston-salem |             |   |                       |                      |             |          | IC 27  | <b>I</b>    | 311                                   |   |                   |                             |  |
| T                  | #3 Crime Incident   |  |             |   | Att                   |                      | Тур         | pe       |        |             |                                       | - 1   | ictim Resider     | * 1                         |  |
| A                  | How Attacked or Committed   |  |             |   |                       | ☐ Com Forcible       |             |          |        |             |                                       | ☐ Single Family ☐ Multi Family Weapon / Tools |                   |                             |  |
| МО                 | DATA OMITTED  |  | ☐ Yes ☐ No  |   |                       |                      |             |          | X N/A  |             |                                       |   |                   |                             |  |
|                    | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:       |  |             |   |                       |                      |             |          |        |             |                                       |   |                   |                             |  |
| V                  | 1   |  |             |   |                       |                      |             |          |        |             |                                       |   |                   |                             |  |
| I                  |   |  |             |   |                       |                      |             |          |        |             | Race                                  | Sex Relationship Resident Status              |                   |                             |  |
| C<br>T             | V1 DATA   | Crime #                                |             |   |                       |                      |             |          |        | To Offender | ☐ Resident                            |   |                   |                             |  |
| I<br>M ·           | DATA OMITTED  |  |             |   |                       | <i>I</i> ,           |             |          |        |             |                                       |   | 1RU               | ☐ Non-Resident<br>☐ Unknown |  |
| IVI ·              | Home Address DATA OMIT  |  |             |   |                       |                      |             |          |        |             |                                       | Home Phone                                    |                   |                             |  |
|                    | Employer Name/Address DATA OMI  |  |             |   | TTED                  |                      |             |          |        |             | Business Phone                        |   |                   |                             |  |
|                    | VYR Make Model Style Color  |  |             |   |                       | Lic/Lis Vin          |             |          |        |             | 42 GD2 GGUVV 422 622 6                |   |                   |                             |  |
|                    | 2022   MACK   0   | GRANITE                                | TK          | WHI   |                       | NP189.               | 2, IV       | /C       |        | 1M2         | GR2G                                  | CIN.  | M026229           |                             |  |
| O                  |   |  |             |   |                       |                      |             |          |        |             |                                       |   |                   |                             |  |
| T<br>H             |   |  |             |   |                       |                      |             |          |        |             |                                       |   |                   |                             |  |
| H<br>E             |   |  |             |   |                       |                      |             |          |        |             |                                       |   |                   |                             |  |
|                    | R<br>S  |  |             |   |                       |                      |             |          |        |             |                                       |   |                   |                             |  |
|                    | DATA OMITTED  |  |             |   |                       |                      |             |          |        |             |                                       |   |                   |                             |  |
| I                  |   | ĽL                                     | ,           |   |                       |                      |             |          |        |             |                                       |   |                   |                             |  |
| V                  | N<br>V  |  |             |   |                       |                      |             |          |        |             |                                       |   |                   |                             |  |
| O                  |   |  |             |   |                       |                      |             |          |        |             |                                       |   |                   |                             |  |
| V                  |   |  |             |   |                       |                      |             |          |        |             |                                       |   |                   |                             |  |
| E<br>D             |   |  |             |   |                       |                      |             |          |        |             |                                       |   |                   |                             |  |
|                    |   |  |             |   |                       |                      |             |          |        |             |                                       |   |                   |                             |  |
| Status             | IS L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found |  |             |   |                       |                      |             |          |        |             |                                       |   |                   |                             |  |
| Codes              | (Check "OJ" column if re  | ecovered for other ju                  | risdiction) |   |                       |                      |             |          |        |             |                                       |   |                   |                             |  |
|                    | # DCI Status Value OJ QTY   |  |             |   |                       | Property Description |             |          |        |             |                                       | e/Mod   |                   | rial Number                 |  |
| -<br>-<br>P -<br>R |   | 06   7                                 |             |   |                       |                      |             |          |        | MACK (      | Grani                                 |   | TA OMITTED<br>FOR |                             |  |
|                    | 1 CO TARO   |  | 1           | 2022 WIII ,   | 111 102               | 2 110                |             |          |        |             | MACK                                  | Granii  |                   | FORMATION                   |  |
|                    |   |  |             |   |                       |                      |             |          |        |             |                                       |   |                   | SECURITY                    |  |
| O<br>p -           |   |  |             |   |                       |                      |             |          |        |             |                                       |   |                   | PURPOSES                    |  |
| Р<br>Е -           |   |  |             |   |                       |                      |             |          |        |             |                                       |   | ON                | LV THE FIRST                |  |
| R<br>T<br>Y        |   |  | + +         |   |                       |                      |             |          |        |             |                                       |   |                   | LY THE FIRST<br>VE PROPERTY |  |
|                    |   |  |             |   |                       |                      |             |          |        |             |                                       |   |                   | ITEMS ARE                   |  |
|                    |   |  |             |   |                       |                      |             |          |        |             |                                       |   |                   | SPLAYED ON                  |  |
|                    |   |  | $\perp$     |   |                       |                      |             |          |        |             |                                       |   | P                 | 2C REPORTS                  |  |
| -                  | Number of Vehicles Stole  | len 0 Ni                               | ımber Vehi  | cles Recovere   | d 0                   |                      |             |          |        |             |                                       |   |                   |                             |  |
|                    | Officer   | ID#                                    | VCII        | Officer Sig   |                       |                      |             |          |        | Supervisor  | Signatu                               | ire   | x / 1 = 1 = =:    |                             |  |
| ID                 | WILKES, K. N. (156)<br>Complainant Signature  | Case Statu                             | c           |   | To                    | Case Dispos          | ition       | MCCA     | RTHY   | , <i>D</i>  | J. (15427)                            |   |                   |                             |  |
|                    | Further   |  |             |   |                       | ation                |             | Unfoun   | ded    | Loc         | ated                                  |   | □ Extr            | adition Declined            |  |
| Status             |   | tive<br>/Cleared                       |             |   |                       | by Ar                | rest by And | other Ag | ency   | ooperate    |                                       |   |                   |                             |  |
|                    |   |  |             | ☐ Closed  | /Leads F              | xhausted             | -1          | Death o  | f Offe | nder 🗆      | 7 Prosec                              | nition  | Declined          | Page 1                      |  |