| I N | Agenc | y Namo | | NSTON-SALEN | OLICE | . IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2431554 | | | | | | |
|-----------------|---|-------------------|---------------|--|--------|-----------|--|----------------------------------|--------|-------------|----|----------------------|--|---|---|---------------------------------------|------------|--------------------|-------------------------|--|
| I C | ORI | NC | NC 034 | 10200 | | | 1 | REPORT | | | | | | | Date / Time Reported S M 또 W 기 F S Month Day Yr Time | | | | | |
| D E | 10 | | ncident(s | | │ │ | | | | | | | | Day 17 Time 09 03 2024 19:53 E Last Known Secure S M T W T Month Day Yr Time Time Time | | | | | | | |
| N T | #1 | | Discharging F | Att At Found SMIWIFS Time X Com 09 03 2024 19:53 F | | | | | | | | | | | | lme | | | | |
| D. | #2 | Crime I | ncident | 0 0 | | | | | Att | Location | of | Incident | | | | | 05 202 | Offe | ense Tract | |
| A T | Crime Incident Com 963 Camel Av, Winston-salem NC | | | | | | | | | | | | | | | | Viotim Dos | | 222 Type | |
| A | #3 | Jillie I | ncident | | | | ☐ Att Premise Type ☐ Com | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | | |
| МО | How Attacked or Committed DATA OMITTED | | | | | | | | | | | | | Forcible ☐ Yes ☐ No | X N/A | Weapon / Tools | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | ol Use: | | | | |
| V | 1 Society Government Financial Institute Broken Bones Severe Lacerations Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major | | | | | | | | | | | | | | | | | □ Unknown □ N/A | | |
| I | | Victim/ | | Name (Last, First, | | | | | | <u></u> Ц | T, | Victim of | | 3 / Age | Race | <u> </u> | Relationsl | nip Re | esident Status | |
| C T | V1 DATA OMITTED Crime # | | | | | | | | | | | | | | | | To Offeno | | Resident Non-Residen | |
| I M · | | A 11 | | | | 1, | | | | | | | | DI | | Unknown | | | | |
| | Home Address DATA OMIT | | | | | | | | | ГТЕD | | | | | | Home Phone | | | | |
| | Employer Name/Address DATA OM | | | | | | | | TTED | | | | | | Business Phone | | | | | |
| • | VYR | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| O T | | | | | | | | | | | | | | | | | | | | |
| Н | | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | | | |
| S | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| I | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| N V | N V O | | | | | | | | | | | | | | | | | | | |
| Ö | | | | | | | | | | | | | | | | | | | | |
| V | | | | | | | | | | | | | | | | | | | | |
| E D | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Status | | | | | | | | | | | | | | | | | | | | |
| Codes | Victim | | | if recovered for other | Ĭ | Í | | D D | | | | | | | | | | | | |
| | # DCI Status Value OJ QTY 1 77 EVID 1 SHEI | | | | | | | Property Description ELL CASING | | | | | | | Mak | ake/Model Serial Number DATA OMITTED | | | | |
| P - R - O | | | | | | | | | | | | | | | | | | | FOR | |
| | | | | | | | | | | | | | | | | | | | RMATION | |
| | | | | | | | | | | | | | | | | | | | CURITY RPOSES | |
| P | | | | | | | | | | | | | | | | | | 10 | KI OSLS | |
| E - R | | | | | | | | | | | | | | | | | | ONLY | THE FIRST | |
| T Y | | | | | | | | | | | | | | | | | TW | | PROPERTY | |
| | | | | | | | | | | | | | | | | | | | EMS ARE LAYED ON | |
| - | | | | | | + | | | | | | | | | | | | | REPORTS | |
| - | | | | | | | | | | | | | | | | | | | | |
| | Numb | | ehicles S | tolen 0 | | mber Vehi | cles Recovere | | 0 | | | | - | Cupomics | Cianat | urc | | | | |
| ID | GEC | <i>OGHE</i> | | P. D. (16071) | | ÀLLE | | | | | | | or Signature N, W. A. (15431) | | | | | | | |
| | Comp | lainant | Signatur | e | | | Case Statu | | estiga | tion | | ase Dispos ☐ Unfoun | | □ I.oc | ated | | _ I | Extradit | ion Declined | |
| Status | | | | | Inact | tive | ve Cleared by Arrest Refuse to Cooperate | | | | | | | | | | | | | |
| | | | | | | | ☐ Closed | | | hausted | | | | rest by And nder □ | | | | | Page 1 | |