I N	Agenc	y Name		NSTON-SALEN	. IN	INCIDENT/INVESTIGATION								OCA 2433495								
C I	ORI	NG				02102	-	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time						
D E			NC 034									TI FI SI	09 18 2024 16:41 Hrs.									
N T	#1	Att At Found S M T M T F S Month Day Yr Time								Month Day Yr Time												
D	Crime Incident											f Incide		10	341 1113	1 09		10 2		Offense Ti		
A	Com 801 Silver Leaf Dr, Winston-salem															lem N				323		
T A	#3	rime i	ncident						☐ Att Premise Type ☐ Com								Victim Residence Type ☐ Single Family ☐ Multi Family					
МО			d or Com												Forcible Yes	N/A	Weapon / Tools					
	No No																. I r) /A1	1 177			
	# of Victims Type																					
V	<i>0</i>		☐ Rel	igious 🔲 L.E. Of	icer l	Line of D			know		_	nternal	Un		scious	Other		r	□ No	□N/A		
I C	Victim/Business Name (Last, First, Middle) Victim of Crime # DOB / Age														/ Age	Race	Sex	Relation To Off		Resident Resid		
T I	V1		DA	ΓA OMITTED																□ Non-I	Resident	
M	Home	Addre	ess				ATA OMI	LLE	D								Hor	ne Phor	ne	☐ Unkn	own	
	Employer Name/Address DATA OMI															Business Phone						
	VYR	M	Color Lic/Lis Vin							Vin												
						yle																
O T H E R S I N V O L V E D	DATA OMITTED																					
Status Codes																						
	Victim #		Property Description								Mak	ake/Model Serial Number				er						
- - P - R		13 FOUN 1 PROJECTILE														DA	FA OMIT	TED				
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	Numb	er of V	ehicles S	tolen 0	Nun	nher Veb	cles Recovere	d	0													
	Office	r		ID		V CIII	Officer Sig		-					Т	Supervisor							
ID			E, T. J. (Signature	(16251)	Case Status				Τ,	Case Di	enositi		МСКА	UGH/	1 <i>N</i> , <i>I</i>	A. M.	(14884	4)				
Status	Comp	ашапС	aignatur	C .			☐ Further ☐ Inact ☐ Closed ☐ XI Closed	r Inve ive /Clea	red			☐ Unf ☐ Clea	ounded ared by ared by	d / An / An	Locarest Drest by Ano	Refuse ther Ag	gency	oopera	te	dition De		