I N	Agenc	y Name		STON-SALEN	1 PC	OLICE] IN	NCIDENT/INVESTIGATION						OCA 2433610				
I C	ORI	NC	NC 034				1	REPORT							Date / Time Reported SMTWIFS Month Day Yr Time			
D E			ncident(s				Att At Found SMTWIFS Last Month Day Yr Time Last							Hown Secure S M T W F S Time Time S M T W F S S Time				
N T	#1			, 1g Threats -intin	nidai	tion, No	n Physical		Com	Month 09			lime 5:44 Hrs				Time 15:43 Hrs.	
D.			ncident	0			<u> </u>		Att	Location	of Incident		•			, , = ,	Offense Tract	
A T	Com 2589 W Clemmonsville Rd, Win														ston-salem NC 323 Victim Residence Type			
A	#3	Jillie I	neideni						Com	rieilise i	ype						y □Multi Family	
МО			d or Com					Forcible ☐ Yes ☐ No						Weapon / Tools				
	# of V	ictims	Туре	∏ Person	□В	Business				Injury	☐ None	ПМ	_	Loss o	f Teet	th Drug/Al	cohol Use:	
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															_		
V I		Victim/		-			ity 🗌 Othe	er/Un	iknow	n 🗆	Internal Victim of		nscious B / Age	. 	er Major No N/A el Sex Relationship Resident Status			
C T	Victim/Business Name (Last, First, Middle) V1 DATA OMITTED Victim of Crime #													race		To Offender		
I M			DA	IA OMITTED			1,			$\mid w \mid$	M	10K	☐ Non-Resident ☐ Unknown					
IVI ·	Home Address DATA OMI									TTED					Home Phone			
	Employer Name/Address DATA OM													Business Phone				
	VYR	M	Model	Color Lic/Lis Vin						Vin								
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 for other	D = I r juri:	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	ounterfeit /]	Forged	F = Found	d				
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mo	del Sei	rial Number	
- - P - R										····· ··· ···					DA	TA OMITTED		
					_											IN	FOR FORMATION	
																	SECURITY	
O P -																	PURPOSES	
Р Е -																ON	LV THE FIRST	
R T																	LY THE FIRST VE PROPERTY	
Y ·																	ITEMS ARE	
-																DI	SPLAYED ON	
																P2	2C REPORTS	
-	Num	or of V	ehicles S	tolen 0	Nisse	abor Vahi	cles Recovere	d	0									
	Office	r		ID		iber venic	Officer Sig		e e			1	Supervisor					
ID	BUF	RNS, R	C. (10	6117)	, and the second			Г	Coa- D'	oit:-	МСКАUĞHAN, А. М. (14884)				4)			
Status	Comp	iainant	Signatur	ŧ			Further Inact	ase Status ☐ Further Investigation ☐ Inactive ☐ Closed/Cleared ☐ Closed/Cleared ☐ Case Disposition: ☐ Unfounded ☐ Cleared by Arrest ☐ Cleared by Arrest by Another						Refuse	Refuse to Cooperate			
										nausted			nder \Box				Page 1	