I N	Agency Name	E IN	INCIDENT/INVESTIGATION							OCA 2434488						
C	ORI NC N	C 034	10200		REPORT							Date / Time Reported SMTWIFS Month Day Yr Time				
D E	Crime Inc		 							09   26   2024   07:51 Hrs.   Last Known Secure   S M T \ T F S						
N T	#1	utobreaking An	,	Att   At Found   SM T H T F S   Month Day Yr Time   T F S   2024   19:16   Hrs						Month Day Yr Time						
D	#2 Crime Inc			<u> </u>		☐ At	t Lo	cation o	f Incident				•	(	Offense Tract	
A T	Com 811 N Cherry St, Winston-salem NC													1 Victim Resider	112	
A	#3 Crime inc	ruent			☐ Att Premise Type ☐ Com						☐ Single Family ☐ Multi Family					
МО	How Attacked DATA OM					Forcible						Weapon / Tools				
V I	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															
	2		ciety Governmigious L.E. Off	_	Financial Instit	tute er/Unkn	own	_	Broken Bone nternal □		Severe	Lacerat Other		. –	S □ Unknown □ N/A	
	Victim/Business Name (Last, First, Middle)   Victim of DOB / Age   1											Race	Sex	Relationship	Resident Status	
C T	V1				Crime #		46			To Offender	□ Resident     □ Non-Resident					
I M	Home Address		<i>I</i> ,						В	F	1RU	Unknown				
	nome Address	5		DATA OMI	ATA OMITTED						Home Phone					
	Employer Nam	ne/Addr	ress	DATA OMI	ATA OMITTED						Business Phone					
'	VYR   Mak 1997   TO	ke DYT	Model   4-RUNNER	Color BLK/BL							3GN87R6V0019053					
O T H E R S I N V O L V E D		DATA OMITTED														
Status Codes																
	Victim		Property Description						Make/Model Serial Number							
P - R - O	# DC1 3		EAR PASSENGER WINDOW						DATA OMITTED							
		7		1								KOBAL			FOR	
		7 TARG		1		MONEY/CASH						JS CUI TOYT 4			FORMATION SECURITY	
	1 30 V	TAKO		1	199/ BLK/BI	1997 BLK /BLK EDV4456 NC						0114	-runne		PURPOSES	
P .																
R .															LY THE FIRST	
T Y															VE PROPERTY	
															SPLAYED ON	
															2C REPORTS	
-																
	Number of Vel	nicles S	-		ehicles Recovere	-										
ID	Officer PENN, A. L.	(158	ID 808)	#	Officer Sig	gnature					Supervisor <i>MATTI</i> .	or Signature TISON, G. M. (15167)				
	Complainant Si				Case Status Case Disposition:											
Status					☐ Furthe ☐ Inac ☐ Closed	tive l/Cleared	d	sted		by Ai	Test Danier Danier	Refuse ther Ag	ency	ooperate	Page 1	