| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | | CIDENT/INVESTIGATION | | | | | | OCA 2435415 | | | | |
|---|--|------------------------|-----------|-----------------------------------|----------------------|---------------------------------------|-------------------------------------|---------------|--|----------------------|----------|------------|--|------------------|-------------------------|--|---------------------|----------------------------|--|--|
| C | ORI | NC | | | | | 1 | REPORT | | | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | | |
| D E | 10 | | NC 034 | | Att At Found | | | | | | | | 10 02 2024 23:58 Hrs. Last Known Secure S M T M T F S Month Day Yr Time | | | | | | | |
| N T | #1 | | | , sing/concealing | Sto | len Proi | perty | _ | Com | Month 10 | Ι | | | ime 3:58 Hrs | | | Day Yr 102 202 | Time | | |
| D | #2 | | ncident | | | · · · · · · · · · · · · · · · · · · · | | | Att | | | f Incident | 1 <u>2</u> . | 7.30 | 7 10 | | 72 202 | Offense Tract | | |
| Α | | 7 I | | ossession/conce | ealir | ig Weap | ons | _ | Com | | | prague Si | t, Wir | iston-sale | em NC | | | 212 | | |
| T A | #3 | Jillie 1 | ncident | Resisting A | | Att Com | Premise | : 1 y | pe | | | | - 1 | | dence Type mily | | | | | |
| МО | How Attacked or Committed DATA OMITTED | | | | | | | | | | | | | Forcible Yes | ĭ N/A | We | apon / Tool | s | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcol | | | | | | | | | | | | | | | /Alcohol Use: | | | | |
| | 2 | | | ciety Governm | ent | □ F | inancial Instit | | .1 | - 1 | _ | roken Bone | | ☐ Severe | Lacera | | | | | |
| V I | | Victim/ | | igious L.E. Of Name (Last, First, | | | uty Othe | er/Un | iknow | ^{/n} [|] In | victim of | | scious [| Other Race | | Relationsh | | | |
| C T | V1 | | | | | Crime # | | | | | 3 / 11ge | 114400 | 50.1 | To Offend | er Resident | | | | | |
| I | | | DA | ΓΑ OMITTED | | | | | 2,3 | | | | | | ☐ Non-Residen ☐ Unknown | | | | | |
| M | Home | Home Address DATA OMIT | | | | | | | | | | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMI | | | | | | | | TTED | | | | | | Business Phone | | | | | |
| , | VYR | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | | |
| | Victim # | DCI | Status | Value | Property Description | | | | | | | | Mak | e/Mo | del | Serial Number | | | | |
| | | | | | | | (9MM) FIREARMS/AMMUNITION | | | | | | | BERET | | | DATA OMITTED | | | |
| P - | | | | | | | | | | | | | | | | | | FOR | | |
| | | | | | - | | | | | | | | | | | | | INFORMATION SECURITY | | |
| R O | | | | | | | | | | | | | | | | | | PURPOSES | | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | ONLY THE FIRST | | |
| Т Ү. | | | | | | | | | | | | | | | | | TW | ELVE PROPERTY | | |
| ĭ | | | | | _ | | | | | | | | | | | | | ITEMS ARE DISPLAYED ON | | |
| | | | | | | | | | | | | | | | | | | P2C REPORTS | | |
| - | | | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | - | | mber Veh | icles Recovere | | 0 | | | | | | | | | | | |
| ID | Officer ID# Office PETTET, C. N. (16077) | | | | | | | | ignature Supervisor Signature MULGREW, M. J. (147) | | | | | | | | | _ | | |
| | Complainant Signature Case State | | | | | | | | | Case Disposition: | | | | | | | | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | tive /Clea | ared | | | | by A | Test by Ander |] Refuse other Ag | gency | ooperate | xtradition Declined Page 1 | | |