I N	Agency Name WINSTON-SALEM POLICE								INCIDENT/INVESTIGATION						OCA 2435679				
C ·	ORI									REPORT						Date / Time Reported SMTWTFS Month Day Yr Time			
D E	NC NC 0340200 Crime Incident(s)															10 04 2024 20:54 Hrs.			
N	#1 Drug Violations									☐ Att At Found S M T W T F S Last Known Secure Month Day Yr Time Last Known Secure Month Day Yr Time 10 04 2024 20:54 Hrs 10 04 202									
T D	#2	Crime I	ncident	Drug viola	ion	3			\rightarrow	10 Location	04 20 of Incident		J:34 HI	s) 10			20:53 Hrs. Offense Tract		
A	□ Com 2020 S Hawthorne Rd, Winston-sai																312		
T A	#3	Jrime I	ncident						Att Com	Premise T	ype					Victim Resider Single Fami	ice Type y		
МО			d or Com						•				Forcible Yes	X N/A	We	apon / Tools	· -		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:			
V I		Victim/		-			uty Othe	er/Un	know	n 🗆	Internal [nscious E	Other Race			□N/A Resident Status		
C T	T/1													Race	Sex	To Offender	☐ Resident		
I	DATA OMITTED										1,						☐ Non-Resident ☐ Unknown		
М -	Home Address DATA OMI'									ГТЕD					Home Phone				
	Employer Name/Address DATA OMI													Business Phone					
•	VYR	Model	Color Lic/Lis Vin						Vin										
0																			
T																			
H E																			
R S																			
	DATA OMITTED																		
I N	DATA OMITTED																		
V	V																		
O L																			
V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered	D = i er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit	Forged	F = Foun	ıd					
	Victim #	DCI	Status	Value	QTY		Property Description							e/Mo	odel Se	rial Number			
	"						MARIJUANA	ARIJUANA GRINDER									TA OMITTED		
P - R - O																-	FOR		
																	FORMATION SECURITY		
																	PURPOSES		
Р -																			
E - R ₋																ON	LY THE FIRST		
T Y																	VE PROPERTY		
																	ITEMS ARE		
-					-	+											SPLAYED ON 2C REPORTS		
-																			
			ehicles S	-		nber Veh	cles Recovere		0										
ID	Office:	r A<i>MIN</i>	, J. M.	ID (16366)		Officer Sig	Officer Signature Supervise WELL							or Signature LS, S. S. (15941)					
	Complainant Signature Case State									Case Disposition:									
Status	-															adition Declined			
~							☐ Closed	/Clea		nausted	Clear	ed by A	rrest by And	other Ag	gency		Page 1		