| I<br>N   | Agenc  | y Name  |           | NSTON-SALE              | 1 P      | OLICE     | IN  | INCIDENT/INVESTIGATION REPORT                              |       |                           |   |                        |                             |   | OCA 2435685   |                    |                      |          |                 |  |
|--|--|---------|-----------|-------------------------|----------|-----------|---|--|-------|---------------------------|---|------------------------|-----------------------------|---|---|--------------------|----------------------|----------|-----------------|--|
| C  | ORI  | NC      | NC 034    | 10200                   |          |           | 1   |  |       | KEP                       | JKI   |                        |                             |   |   | Reported           | r<br>S               | M T W    | TIIS<br>e_      |  |
| D<br>E   |  |         | ncident(s |                         |          |           | rr I .                                    | At Found   | SN    | ı ı w                     | T ₹ S                                       | 10<br>Last             |                             |   |   | 21:4               | e<br>7 Hrs.<br>¶∏£∏S |          |                 |  |
| N<br>T   | #1   |         |           |                         |          |           |   |  |       | Month                     | Day Yr                                      | Т                      | 'ime                        |   |   | n Secure<br>Day Yr | · —                  | Time     |                 |  |
|  | #2   |         | ncident   | 1550000 11010 1150      | 5,,,,,   | 1155      |   | M Com   10   04   2024   21:47   H:   Location of Incident |       |                           |   |                        |                             | rs 10   04   2024   21:46   Hrs Offense Tract |   |                    |                      |          |                 |  |
| D<br>A   | □ Com 100 W Fifth St, Winston-salem NC   |         |           |                         |          |           |   |  |       |                           |   |                        |                             |   |   |                    |                      | 411      |                 |  |
| T<br>A   | #3   | Crime I | ncident   |                         |          |           |   |  |       | Premise T                 | ype   |                        |                             |   | Victim Residence Type  ☐ Single Family ☐ Multi Family |                    |                      |          |                 |  |
|  | How  | Attacke | d or Corr | umitted                 |          | Forcible  |   |  |       | Weapon / Tools            |   |                        |                             |   |   |                    |                      |          |                 |  |
| MO   | DATA OMITTED   |         |           |                         |          |           |   |  |       |                           |   |                        |                             |   |   |                    |                      |          |                 |  |
| V  | # of Victims   Type   Type   Person   Drug/Alcohol Use:  |         |           |                         |          |           |   |  |       |                           |   |                        |                             |   |   | se.                |                      |          |                 |  |
|  | # of Victims   Type   Type   Person   Business   Injury   Type   Minor   Loss of Teeth   Drug/Alcohol Use:    Society   Government   Financial Institute   Broken Bones   Severe Lacerations   Yes   Unknown |         |           |                         |          |           |   |  |       |                           |   |                        |                             |   |   |                    |                      |          |                 |  |
|  | Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major No NA   |         |           |                         |          |           |   |  |       |                           |   |                        |                             |   |   | A                  |                      |          |                 |  |
| I<br>C   | '  | Victim/ | Business  | Name (Last, First,      | Mide     | dle)      |   |  |       |                           | Victim of<br>Crime #                        | DOE                    | 3 / Age                     | Race  | Resident Status To Offender Resident Status Resident  |                    |                      |          | nt Status       |  |
| T  | V1   |         | DA        | TA OMITTED              |          |           |   |  |       |                           |   |                        | 30                          | 117   | ,,  | To Official        |                      |          | -Resident       |  |
| I<br>M   |  |         |           |                         |          |           |   |  |       |                           | 1,  |                        |                             | W   | M   | Dl                 |                      | □ Unk    | nown            |  |
|  | Home   | e Addre | SS        |                         |          | D.        | ATA OMI                                   | ΓTED   |       |                           |   |                        |                             |   | Home Phone  |                    |                      |          |                 |  |
|  | Employer Name/Address DATA OMITTED   |         |           |                         |          |           |   |  |       |                           |   |                        |                             | Business Phone                                |   |                    |                      |          |                 |  |
|  | VYR  | l M     | ake       | Model                   | 1 St     | yle       |   |  |       |                           |   |                        | Vin                         | L   |   |                    |                      |          |                 |  |
|  |  |         |           |                         |          | <b>J</b>  |   |  |       |                           |   |                        |                             |   |   |                    |                      |          |                 |  |
| H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED   |         |           |                         |          |           |   |  |       |                           |   |                        |                             |   |   |                    |                      |          |                 |  |
| Status<br>Codes  |  |         |           | R = Recovered for other |          |           | Z = Seized                                | B = B  | urnec | $\mathbf{C} = \mathbf{C}$ | ounterfeit / F                              | orged                  | F = Foun                    | d   |   |                    |                      |          |                 |  |
|  | Victim   |         | Value     | Property Description    |          |           |   |  |       |                           | Mal   | Make/Model Serial Numb |                             |   |   | har                |                      |          |                 |  |
| P - R .  | # DCI Status Value OJ QTY  |         |           |                         |          |           | Troperty Description                      |  |       |                           |   |                        |                             | IVIAN   | DATA OMITTEI  |                    |                      |          |                 |  |
|  |  |         |           |                         |          |           |   |  |       |                           |   |                        |                             |   |   |                    |                      | FOR      |                 |  |
|  |  |         |           |                         |          |           |   |  |       |                           |   |                        |                             |   |   |                    |                      | ORMA     |                 |  |
|  |  |         |           |                         |          |           |   |  |       |                           |   |                        |                             |   |   |                    |                      | ECUR     |                 |  |
| O<br>P .   |  |         |           |                         |          |           |   |  |       |                           |   |                        |                             |   |   |                    | P                    | URPO     | SES             |  |
| Е.   |  |         |           | +                       | $\dashv$ |           |   |  |       |                           |   |                        |                             |   |   |                    | ONL                  | Y THE    | FIRST           |  |
| R<br>T<br>Y  |  |         |           |                         |          |           |   |  |       |                           |   |                        |                             |   |   |                    |                      |          | PERTY           |  |
|  |  |         |           |                         |          |           |   |  |       |                           |   |                        |                             |   |   |                    | ľ                    | TEMS .   | ARE             |  |
|  |  |         |           |                         |          |           |   |  |       |                           |   |                        |                             |   |   |                    |                      | PLAYI    |                 |  |
|  |  |         |           |                         | _        |           |   |  |       |                           |   |                        |                             |   |   |                    | P20                  | C REPO   | ORTS            |  |
| -  | Numb   | er of V | ehicles S | tolen 0                 | Nııı     | mber Vebi | cles Recovere                             | d 0  |       |                           |   |                        |                             |   |   |                    |                      |          |                 |  |
|  | Office   | r       |           | ID                      |          | 7 01110   | Officer Sig                               | -  |       |                           |   |                        | Supervisor                  | Signat  | ıre   |                    |                      |          |                 |  |
| ID   |  |         |           | (16306)                 |          |           | Ŭ   | COLL   |       |                           |   |                        |                             |   | IEŘ, L. B. (15465)                                    |                    |                      |          |                 |  |
| Status   | Comp   | ıaınant | Signatur  | ė                       |          |           | Case Status Further X Inact Closed Closed | Investive<br>/Cleare                                       | d     | on                        | Case Dispos Unfoun Cleared Cleared Death of | ded<br>by Ar<br>by Ar  | Locarest  rest by Anormaler | Refuse<br>ther Ag                             | gency   | ooperate           | Extrac               | dition E | Declined<br>e 1 |  |