I N	Agency Name WINSTON-SALEM POLICE									CIDENT/INVESTIGATION						OCA 2435993					
C	ORI				02102	7	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time							
D			NC 03										10			2024					
E N		Crime I	8)	│ Att │ At Found │ S M T W T F │ Month Day Yr Time								Last Known Secure SMT Month Day Yr Time				M T W T	FS				
T	#1			autobreaking An	ıd L	arceny		X	Com	10	0	7 2024		7:00 Hrs			<u> </u>	2024		Hrs.	
D	D #2 Crime Incident																		Offense Tra	ct	
A		Tuinna I	ncident					_	Com	Premise			dAv,	Winston-	salem			01 n Residen	222		
T A	#3	Jillie I	ncident					Att Com	Fielilise	тур	je –				- 1			ce Type y ∏Multi F	Family		
МО			d or Con											Forcible	T NI/A	Weapon / Tools					
МО	D	АТА О	MITTEI)										☐ Yes [☐ No							
17	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															- 1					
	2		. –	ciety Governm ligious L.E. Of		_	Financial Instit		know	. –	•	oken Bone		Severe	Lacera	ions	_	_	Unkn	iown	
V I		Victim/		Name (Last, First,			outy 🔲 Out	21/ ()11	IKIIOW	11	_	ternal Victim of		B / Age	Other Race			X No tionship	□N/A Resident S	Status	
C T	V1									23	race	BUA		Offender	Resident Resident	nt					
I	` 1		DA	TA OMITTED					1,			$\mid w \mid$	$_F$	11	RU	□ Non-Re					
M	Home	Addre	ess		PED							Hon	ne Ph	one	Clikilo	WII					
	Emple	war Ne	me/Add	racc	ITED							Business Phone									
	•					DATA OMI	ITTED					Busiless Filone									
	VYR Make Model Style						Color		Lic	c/Lis				Vin							
H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
Codes	Victim											T	Make/Model Serial Number								
P - R - P - R - R - R - R - R - R - R -	#	# DCI Status Value OJ QTY 1 20 7							Property Description						Mak US CUI				rial Number TA OMITT		
	1	25	7				WALLET								05 001	(ICL)			FOR		
	1	77	7				MEDICAL INSURANCE CARD											IN	FORMATI	ON	
	1	65	7			1	SOCIAL SECURITY CARD									SECURITY					
	1	65	7			1	DRIVER`S LICENSE							i	VC				PURPOSE	s	
	1	09	7			1	DEBIT CARD							,	SHINE						
	1	09	7			1	DEBIT CARD							i	DOOR .	DASF	I		LY THE FI		
	1	09	7			1	DEBIT CARD							1	WISEL	?		TWEL	VE PROPE	RTY	
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ID			L. (15		<i>Σ</i> π		Officer Sig	fficer Signature Supervise NAVI							r Signature 7, C. M. (15037)						
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Status							☐ Furthe: ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ared			☐ Unfoun ☐ Cleared ☐ Cleared ☐ Death o	by A	rrest by And	Refuse other Ag	gency		rate	Page 1		