I N	Agency Name WINSTON-SALEM POLICE									CIDENT/INVESTIGATION						OCA 2437177				
C	ORI	NC	NC 034	40200			1		REPORT						Date / Time Reported SMTWTFS Month Day Yr Time					
D E			ncident(s			☐ Att At Found SM T上 TFS								10 16 2024 05:07 Hrs. Last Known Secure SMTWTFS Month Day Yr Time						
N T	#1								☐ Att At Found S M 丁 州 丁 F S M Onth Day Yr Time M Com 10 16 2024 05:07 H									Time 4 05:06	Hrs.	
D	#2 Crime Incident																	Offense Tr		
A T	Colored Invident																	dence Type		
A	#3	Jiiiie i	ncident						Com	Fielilise	туļ	je -				- 1		mily Multi	Family	
МО			d or Con MITTEI								Forcible Yes	Weapon / Tools								
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															:				
	Society																			
V I		Victim		ligious ☐ L.E. Of: Name (Last, First,			uty Othe	er/Un	iknow	n _		ternal Victim of		scious [Other Race	<u> </u>				
C T	V1	. 1011111						Crime #	DOI	J / Mgc	Race	BCA	To Offeno	er 🔲 Reside	ent					
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,	Employer Name/Address DATA OMI															Business Phone				
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,	# DCI Status Value OJ QTY 11 6 2 CRACK ST							EM/PUSHER ROD							Mar	ce/Mo		Serial Number DATA OMIT		
		PCA 8 1 2008 GRY,							VAB8903 NC						HOND	Pilot	Se	FOR		
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ID	Office HIN		K. (16	(402)		Officer Sig	Officer Signature Supervisor Signature STUMP, J. K. (14922)									4922)				
	Complainant Signature Case State									Case Disposition:							. 11.1 =	1		
Status					☐ Further									xtradition De	clined					
	Is ☐ Inactive ☐ Cleared by ☐ Closed/Cleared ☐ Cleared by ☐ Closed/Leads Exhausted ☐ Death of Of											by A	rest by And	other Ag	gency		Page	1		