I N	Agenc	y Nam		NSTON-SALE	CIE	CIDENT/INVESTIGATION						OCA 2437263									
C															Date / Time Reported SMTWTFS Month Day Yr Time						
D E			ncident(s				Att	At Four	nd	SI	ı ı	TFS	10			024	Time 20:53 H M T ¥ T				
N T	#1	nt	_	Com	Month 10	Ι			T F S Time D:53 Hrs			n Secure Day Y:	բ	Time	ırs.						
D	#2	Crime I	ncident		0	1 1			Att	Location	n of	Incident							Offense Tract		
A T	Crime Incident Com 313 Nicholson Rd, Winston-salem N																	sidon	214		
A	#3	Jillie I	ncident				☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ 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:																				
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major No N/A															wn					
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age R															Sex	Relations	ship	Resident Sta		
C T	V1 DATA OMITTED Crime #																To Offer	ider	☐ Resident ☐ Non-Res		
I M												1,							Unknow		
	Home Address DATA OMIT									ΓTED						Home Phone					
	Employer Name/Address DATA OMIT									ГТЕD					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 #		Property Description							Mak	ake/Model Serial Number										
		# DCI Status Value OJ QTY 11 6							PIPE							DATA OMITTED					
P - R - O																		INI	FOR FORMATIO	NI NI	
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	Numb Office:		ehicles S	-		mber Vehi	Cles Recovere		0 re				ı	Supervisor	Signati	ure				\dashv	
ID	Officer ID# Office CRIDER, M. D. (15720)								$\begin{array}{ccc} & & & & & & & & & \\ \text{Ficer Signature} & & & & & & & & \\ & & & & & & & & & \\ & & & & & & & & \\ & & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & \\ & \\ & & \\ & \\ & \\ & \\ & & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ $							or Signature GREW, M. J. (14746)					
	Complainant Signature Case State									tion		Case Dispos		□ Loc	ated			Extr	dition Decli	ned	
Status							☐ Inact	tive /Clea	ared			☐ Cleared	by A	rest by And] Refuse other Ag	gency	ooperate	_	Page 1		