I N	Agenc	y Name		STON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2437398						
C	ORI	NG			02102	-	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time				
D E	10		NC 034			ID A4 A4 Econol - I 의 세 파 돼 ㅠ 된 의							10 18 2024 00:33 Hrs.						
N T	#1 Crime Incident(s) **Larceny- All Other**									☐ Att At Found SMTWTFS Last Know Month Day Yr Time Month D Month								Time Hrs.	
D .	#2	Crime I	ncident	<u> </u>					_	Location			100	.33 1113	10		0 2024	Offense Tract	
Α	Com 819 Camel Av, Winston-salem NC 2																D	222	
T A	#3	Jrime I	ncident					☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family					
МО			d or Com											Forcible Yes	N/A	We	apon / Tools		
																Alachal Haar			
	, Society Government Financial Institute Broken Bones Severe Laceration																· · · · · · · · · · · · · · · · · · ·		
V	1			igious 🔲 L.E. Of			uty 🔲 Othe	er/Un	know	. –			Jncon	scious	Other	Majo	r 🔯 N	lo □N/A	
I C													Victim of DOB / Age Ra			Sex	Relationshi To Offende		
T I	V1		DA	ΓA OMITTED				1,			70	$_{B}$	M		☐ Non-Resident				
M	Home Address DATA OMIT															Home Phone Unknown			
	Employer Name/Address DATA OMI														Business Phone				
	VYR	ake	Color						Vin	Vin									
	, 110			Model		yle	Coror												
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = 1 er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = C$	Counter	rfeit / Fo	orged	F = Found					
	Victim #		Property Description							Mak	e/Mo	del :	Serial Number						
- P - R	1	1 64 7 1 FUEL OIL															D	ATA OMITTED	
					_												1	FOR NFORMATION	
																		SECURITY	
ο .																		PURPOSES	
Р [.] Е .																			
R.					_													NLY THE FIRST	
Т Ү.					-												1 W E	LVE PROPERTY ITEMS ARE	
-					\dashv									+]	DISPLAYED ON	
•																		P2C REPORTS	
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	Numb Office:		ehicles S	tolen 0		nber Vehi	cles Recovere Officer Sig		<i>0</i>				Т	Supervisor	Signat	ıre			
ID	HIN	ES, T	K. (16	(402)									STUMF	or Signature MP, J. K. (14922)					
	Comp	lainant	Signatur	e	Case Status	atus Case Disposition:						□ Loca							
Status							☐ Inact	ive /Clea	ıred			Cleared Cleared	by Ar by Ar	rest by Anor	Refuse ther Ag	gency	ooperate	Page 1	