I N	Agency Name WINSTON-SALEM POLICE								INCIDENT/INVESTIGATION							OCA 2437468			
C	ORI	NG					-	REPORT							Date / Time Reported SMTWTES Month Day Yr Time				
D E	10		NC 034			ID A# A# Equad 인제 매 제 매 티 인							10 18 2024 15:03 Hrs.						
N	#1	Jillic 1	neident(s	, Larceny- All	_	Month Day Yr Time Month Day Yr T									Time				
T	#2	Crime I	ncident	Larceny- Mi	Oin	<i>C1</i>		_	Att	09 Location	_	06 2024 Incident	4 UC):30 HIS	09] ()5 2024 	Offense Tract	
D A	□ Com 930 N Patterson Av, Winston-salem I																	411	
T A	#3	Crime I	ncident				Att	Premise	Ty	pe					Victim Reside	ence Type ily			
	How A	Attacke	d or Com	nmitted				Com Forcibl					Forcible	Weapon / Tools					
МО	D	ATA C	MITTEI)										☐ Yes [☐ No	X N/A	N/A			
V	# of V	ictims	**	☐ Person	_	Business				Inju	ry	☐ None		linor	Loss o	f Tee	th Drug/A	Alcohol Use:	
	1			ciety Governm ligious L.E. Of			inancial Instit		know		_	roken Bone		Severe	Lacera	tions Yes Unknown Major No NA			
V I		Victim		Name (Last, First,			uty 🔲 Out	21/ ()1	IKIIOW	" L		Victim of		B / Age	Race				
C T	V1		DA	ΓΑ OMITTED					Crime #		63			To Offender	□ Resident				
I M			DA	IA OMITTED					1,			$\mid B \mid$	M		☐ Non-Resident				
IVI ·	Home	e Addre	ess		ГТЕО								Home Phone						
	Employer Name/Address DATA OMI															Business Phone			
	VYR Make Model Style Color								Lic/Lis Vin										
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=	Coı	unterfeit / F	orged	F = Foun	d 				
	Victim #	DCI	Value		Property Description							Mak	ce/Mo	del S	erial Number				
	1 06 7 1 CLOTHE							S/FURS							MISC		D.	ATA OMITTED	
P -	1	77	7		\dashv	1	OTHER								DENTU	RES	T	FOR NFORMATION	
					_												1.	SECURITY	
R O																		PURPOSES	
P :																			
R																		NLY THE FIRST	
Т Ү.					_												TWE	LVE PROPERTY	
٠.																	Г	ITEMS ARE ISPLAYED ON	
																		P2C REPORTS	
			ehicles S	-		nber Vehi	cles Recovere		0										
ID	Office ANI	r DERS	ON. B.	ID R. (15633)	Officer Sig	Officer Signature Supervisor Signature PERKINS, R. A. (15028)													
	Complainant Signature Case State									Case Disposition:									
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ared				by A	rrest by And	Refuse ther Ag	gency	ooperate	radition Declined Page 1	