I N	Agenc	y Name		ISTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2437681					
C	ORI	NC	NC 034	10200				REPORT								Date / Time Reported SMTWTFS Month Day Yr Time			
D E			ncident(s			Att At Found SMTWTFS Month Day Yr Time								10 20 2024 07:09 Hrs. Last Known Secure SMTWTFS Month Day Yr Time					
N	#1	Jimic II	icident(3	, Discharging F	iroc	ırm		_	Com	Month 10 I	D						Day Yr'	Time	
T	#2	Crime I	ncident	Discharging 1	1100				_	Location			<i>4</i> <i>07</i>	7:09 Hrs	10		20 2024	Offense Tract	
D A	☐ Com 3662 Foxton Dr, Winston-salem NC																	224	
T A	#3	Crime I	ncident						Att Com	Premise '	Тур	e				- 1	Victim Resid	ence Type nily	
МО			d or Com									Forcible Yes No	X N/A	_	apon / Tools				
	# of V	ictims	Type	☐ Person	П I	Business				Injury	y	☐ None		_	Loss o	f Tee	th Drug/	Alcohol Use:	
	Magazian Government															_			
V I		Victim/		Name (Last, First,			ity 🔲 Othe	er/Un	iknow	'n 📗 🗖		ternal Victim of		scious B / Age	Other	<u> </u>			
C T	V1	· ictiiii			viiuc							Crime #	DOI	J/ Agc	Race	БСА	To Offende	Resident	
I	' -		DA	ΓA OMITTED					1,						☐ Non-Resident				
М	Home Address DATA OMIT									 TED						Home Phone			
	Employer Name/Address DATA OM														Business Phone				
,	VYR	Color Lic/Lis Vin						Vin											
									<u> </u>										
O T H E R																			
S	DATA OMITTED																		
I N	DATA OMITTED																		
V O																			
L V																			
E D																			
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)																		
	Victim			Property Description								Mak	e/Mo	vdel 9	Serial Number				
	#	# DCI Status Value OJ QTY						Troperty Description							IVIAN	C/IVIC		ATA OMITTED	
P - R -																		FOR	
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O P					\dashv													PURPOSES	
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-	Nisse-1	or of V	abials - C	tolon 0	NT	nho= V-1-'	alas Pass	d	0										
	Numb Office:		ehicles S	tolen 0		nber Vehi	cles Recovere Officer Sig		0 re				I	Supervisor	Signati	ıre			
ID	FLA	NAG		W. (16217)			-						OON, J. G. (15435)						
	Complainant Signature Case Stat ☐ Furth									tion		ase Dispos		□ Loc	ated		⊓ Ex	tradition Declined	
Status							☐ Closed	tive /Clea	ared			☐ Cleared	by Ai	rest rest by And	Refuse other Ag	gency	ooperate	Page 1	