I N	Agency Name WINSTON-SALEM POLICE									CIDENT/INVESTIGATION						OCA 2437789					
C	ORI	NC	NC 034				1		REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E		Crime I	Att At Found SMTWTFS Month Day Yr Time																		
N T	#1				Com	Month 10	Γ			Time 7:21  Hrs				-	Time 00:00						
D	#2	Crime I	ncident						Locatio	n of	Incident				•			Offense T			
A T		Trimo I	ncident	Discharging F	irec	arm		_	☐ Com 2941 Indiana Av, Winston-sale							VC 27105 121   Victim Residence Type					
A	#3	JIIIIC I	ncident		☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family									
МО			d or Con MITTEI		Forcible ☐ Yes ☐ No						Weapon / Tools										
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															se:					
V	2			ciety Governm		_	Financial Institution		know		-	roken Bone		Severe	Lacera Other			Yes No	Un		
I	Victim/Business Name (Last, First, Middle)  Victim of DOB / Age														Race	<u> </u>	Relations	hip	□N/A Residen	nt Status	
C T	V1	DA	ΓΑ OMITTED			Crime #			To Offen	der	☐ Resi	dent -Resident									
I M							2,							Unk							
	Home Address DATA OMIT									ГТЕD						Home Phone					
	Employer Name/Address DATA OM									TTED						Business Phone					
,	VYR Make Model Style						Color Lic/Lis Vin							Vin							
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim		Status		Property Description								Mak	Iake/Model Serial Number							
	# DCI Status Value OJ QTY  1 31 4							* * *							Iviai	DATA OMITTED					
P - R - O																		T . T	FOR		
					_														FORMA SECURI		
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ID	Office TRC		VO, D.	Officer Sig									r Signature LEY, S. A. (14880)								
	Complainant Signature Case State									Case Disposition:								Г	11.1 =	1	
Status							☐ Further  ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ıred				by A	Loc rest rest by Ander	] Refuse other Ag	gency	cooperate		dition D Page		