I N	Agenc	y Name		STON-SALE	- REPORT							OCA 2437885 Date/Time Reported S # T W T F s Month Day Yr 10 21 2024 20:41							
C · I	ORI																		
D		NC	NC 034	40200															
E N		Crime I	ncident(s				□ Att At Found S 관 T W T F S Month Day Yr Time							Last Known Secure Month Day Yr Time					
T .	#1			Drug Viola	tion	s		X Con	10		21 2024		:41 Hrs				20:40 Hrs.		
D	#2	Crime I	ncident						Location of IncidentOffense Tract3990 N Patterson Av, Winston-salem NC 27105121										
A T														salem I			121 ence Type		
A	#3	Jinne I	nerdent											☐ Single Family ☐ Multi Family					
	How A	Attacke	d or Con	mitted									Forcible		Weapon	/ Tools			
MO	D.	ATA O	MITTEI)									□ Yes [□ No	X N/A					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:			
	1		🛛 🖾 So	ciety 🔲 Governm			inancial Institu			_	Broken Bone		Severe				es Unknown		
V I		Tisting/		ligious □ L.E. Of Name (Last, First,			ity 🗌 Othe	er/Unknov	wn		Internal			Other N					
Ċ		v ictiiii/			whu	ule)					Victim of Crime #	DOB	/ Age	Race S		ationship Offender			
T I	V1		DA	FA OMITTED							1,						□ Non-Residen		
M·	Home	Addre	ss											L	Home Ph	one	Unknown		
						D	ATA OMITTED												
	Emplo	oyer Na	ume/Add	ress		D.	ATA OMITTED							Business Phone					
	VYR	M	ake	Model	S	tyle	Color Lic/Lis Vin						Vin						
H E R S I N V O L V E D	DATA OMITTED																		
Status	L = L	ost S	= Stolen	R = Recovered	D_=	Damaged	Z = Seized	B = Bur	ned	$C = C_{0}$	ounterfeit / F	orged	F = Found	d					
Codes	(Chec Victim	k "OJ"	column	if recovered for oth	er ju	risdiction)													
-	# DCI Status Value OJ QTY						Property Description							Make	/Model		erial Number ATA OMITTED		
																D.	FOR		
																I	NFORMATION		
P- R																	SECURITY		
0																	PURPOSES		
Р ⁻ Е -																			
R																	NLY THE FIRST		
T Y ·																TWE	LVE PROPERTY		
-																г	ITEMS ARE		
-																	P2C REPORTS		
-																			
-	Numb	er of V	ehicles S	tolen 0	Nu	mber Vehio	cles Recovere	d 0					· · · ·						
ID	Office		A E /		D#		Officer Sig	Officer Signature Supervisor								r Signature			
ID			A. E. (. Signatur				Case Status								HĔGAN, M. R. (16168)				
Status	b,		Gatur				☐ Further ☐ Inact	□ Further Investigation □ Unfounded □ Lo						Cated Extradition Declined Refuse to Cooperate					
							\square Closed		khauste	ed	\square Death of				ition Dec	lined	Page 1		