I N	Agency Name WINSTON-SALEM POLICE									ICIDENT/INVESTIGATION REPORT						OCA 2437941				
C	ORI															Date / Time Reported SMIWTFS Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)									☐ Att │ At Found │ S M 王 W T F S							10 22 2024 09:44 Hrs.			
N T	#1 Lost/stolen License Plate									Att At Found S M = W T F S Last Known Secure S M = W T F S Last Known Secure S M = Time Month Day Yr Time 10 22 2024 09.44 Hrs 10 22 2024 09.										
D	#2	Crime I	ncident					_	Att			of Incident	7 02	7.44	7 10		2024	Offense Tract		
A		7 I	! 4 4				Com	* '								122				
T A	#3	ncident		☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family									
МО		d or Com MITTEI			•					Forcible Yes No	X N/A	We	apon / Tools							
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:				
17	1			ciety Governm			Financial Institu		knou	I .	_	Broken Bon		Severe						
V I		Victim/		Name (Last, First,			uty 🔲 Out	21/ ()1	IKIIOW	11	I	nternal Victim of		B / Age	Race	<u> </u>		Resident Status		
C T	V1		DA	ΓΑ OMITTED					Crime #		Ü			To Offender						
I M												1,					1RU	☐ Unknown		
171	Home Address DATA OMI								ГТЕО							Home Phone				
	Employer Name/Address DATA OMI'								 FTED						Business Phone					
,	VYR	Color Lic/Lis Vin						Vin												
O T H E R S I N V O L V		DATA OMITTED																		
E D	E D																			
Status Codes	(Chec	k "OJ"	column	if recovered for othe	r jur	isdiction)	Z = Seized	Б=	- Duri	led C	= Cc	ounterrent / 1	rorgeu	r = roun	u					
	Victim #	Property Description								Mak	ce/Mo		erial Number							
- - P - R	1	1 38 7 1 LICENSE PLA								TE							D.	ATA OMITTED FOR		
					-												I	NFORMATION		
					\dashv													SECURITY		
O .																		PURPOSES		
E ·					\dashv												0	NLY THE FIRST		
R T					\dashv													LVE PROPERTY		
Y																	1112	ITEMS ARE		
																	Ι	DISPLAYED ON		
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-	N1-		'-1-'-1 C	4-1 0	N	1	-1 D	.1												
	Office	r	ehicles S	ID		noer veni	Officer Sig		0 re				1	Supervisor	Signat	ure				
ID	PEN	IN, A.	L. (158	808)			-		_	a -·			7, C. M. (15037)							
Status	Comp	lainant	Signatur	е			Case Status Further X Inact Closed	r Inve ive /Clea	ared				ided l by Ai l by Ai	Loc rest rest by And] Refuse other Ag	gency	ooperate Г	Page 1		