| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | ICIDENT/INVESTIGATION | | | | | | OCA 2437999 | | | | |
|--|---|--------------------|--------------------|--------------------------------------|-----------------------|------------------|----------------------------|---------------------------------------|-----------------------|--|--|---|---------------|------------------------------|---|---|---------------|-------------------------------|--|
| C I | ORI | NG | | | REPORT | | | | | | | Date / Time Reported SMIWTFS Month Day Yr Time | | | | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | | ☐ Att At Found SMIWIFS Month Day Yr Time | | | | | | 10 22 2024 14:12 Hrs. Last Known Secure S M I W T F S Month Day Yr Time | | | |
| N T | #1 | Jimic I | | , Driving While I | mpaire | ed | | _ | Com | Month 10 | D | | | ime 4:12 Hrs | | | Day Yr | Time <i>14:11</i> Hrs. | |
| D | #2 | Crime I | ncident | | T | | | | \rightarrow | Location | of | Incident | | | • | | | Offense Tract | |
| A | | 7 T | | | | | - | Com 999 S Martin Luther King Jr Dr/re | | | | | | | nolds Park, 211 Victim Residence Type | | | | |
| T A | #3 | Jillie 1 | ncident | | | | | | Att Com | Premise | тур | ЭС | | | | | | ily ∏Multi Family | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes | X N/A | We | apon / Tools | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown | | | | | | | | | | | | | | | _ | | | |
| V I | | Victim/ | | Name (Last, First, | | | uty Otne | er/Un | iknow | 'n \square | | ternal Victim of | | scious [| Race | - | | | |
| C T | V1 | | | | | Crime # | | | | | 3 / 11ge | 111100 | 2011 | To Offender | ☐ Resident | | | | |
| I | | | DA | ΓA OMITTED | | | | | 1, | | | | | | □ Non-Resident □ Unknown | | | | |
| М | Home Address DATA OMI' | | | | | | | | FTED | | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | | | Business Phone | | | |
| , | VYR Make Model Style Color | | | | | | | | | | | | | 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 = Dar er jurisdi | naged iction) | Z = Seized | В= | Burn | C = C | Cou | interfeit / F | orged | F = Foun | d | | | | |
| | Victim # | Status | | Property Description | | | | | | | | e/Mo | | erial Number | | | | | |
| | | SUV OTHE 1 2023 WI | | | | | | | | | | | | | | gue l | Sv D. | ATA OMITTED | |
| P - R | | PCA | ОТНЕ | | | 1 . | 2017 BLU , | AM | J945) | 7 NC | | | | | INI Qx6 | 0 | I | FOR NFORMATION | |
| | | | | | | | | | | | | | | | | | 1. | SECURITY | |
| ο . | | | | | | | | | | | | | | | | | | PURPOSES | |
| P . | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | NLY THE FIRST | |
| Т Ү. | | | | | | | | | | | | | | | | | TWE | LVE PROPERTY ITEMS ARE | |
| | | | | | | | | | | | | | | | | | Г | DISPLAYED ON | |
| | | | | | | | | | | | | | | | | | | P2C REPORTS | |
| | | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | Stolen 0 | | r Vehi | cles Recovere | | 0 | | | | | g : | G. | | | | |
| ID | Office AZN | Officer Sig | | | | | | | | | or Signature <i>DON, J. G. (15435)</i> | | | | | | | | |
| | Complainant Signature Case Statu | | | | | | | | | Case Disposition: | | | | | | | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed | tive l/Clea | ared | | | | by Ai | Loc rest rest by Ander |] Refuse other Ag | gency | ooperate F | Page 1 | |