| I N | Agenc | y Nam | | NSTON-SALE | OLICE | . IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2438331 | | | | | |
|---|---|-------------------|--------------------|--------------------------------------|--|--------------------|------------------------|----------------------------|--------|----------|---------------------------|----------------|----------------------------------|--------------------------------|--|----------------|----------|-------------------|-----------------------------|
| C I | ORI | NC | NC 034 | | | | 1 | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | |
| D E | 10 | | ncident(s | | │ │ │ │ │ │ Att │ At Found │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ | | | | | | | | 10 25 2024 00:56 Hrs. | | | | | | |
| N T | #1 | | | | Oth | er | | | | | | | | | | | ′r — | Time 00.55 Hrs. | |
| D | #2 | Crime I | ncident | | | | | | Att | Location | n of | Incident | | • | | | | | Offense Tract |
| A T | Crime Incident Com 220 Barlow Cr, Winston-salem NC. | | | | | | | | | | | | | | | 27105 | | | |
| A | #3 | Jillie I | ncident | | | | | ☐ Att Premise Type ☐ Com | | | | | | ☐ Single Family ☐ Multi Family | | | | | |
| МО | | | d or Com MITTEI | | Forcible ☐ Yes ☐ No | | | | | | ☐ Yes [| Weapon / Tools | | | | | | | |
| | # of Victims Type No | | | | | | | | | | | | | | | cohol Use: | | | |
| 3.7 | 1 Society Government Financial Institute Broken Bones Severe Lacerations Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major | | | | | | | | | | | | | | | | _ | Unknown | |
| V I | | Victim/ | | Name (Last, First, | | | uty 🔲 Out | 21/ ()11 | KIIOW | " L | _ | Victim of | | B / Age | Race | | | No Ship | Resident Status |
| C T | V1 | | DA | ΓΑ OMITTED | Crime # | | | | | 20 | | | To Offe | nder | ☐ Resident ☐ Non-Residen | | | | |
| I M | | | | | | | | | 1, | | | W | M | 10K | | Unknown | | | |
| | Home | Addre | ess | | D | ATA OMI | TTED | | | | | | | | Home Phone | | | | |
| | Employer Name/Address DATA OM | | | | | | | | | TTED | | | | | | Business Phone | | | |
| , | VYR | Color Lic/Lis Vin | | | | | | | Vin | | | | | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered if recovered for other | D = er jur | Damaged isdiction) | Z = Seized | B = | Burn | ed C= | Cou | interfeit / F | orged | F = Found | d | | | | |
| | Victim # | DCI | Status | Value | QTY | | Property Description | | | | | | | Mal | Make/Model Serial Number | | | | |
| | 1 | CELL PHONE | | | | | | | 1 | APPLE | LE/Iphone 15 DATA OMITTED | | | | | | | | |
| P - R | | | | | _ | | | | | | | | | | | | | INI | FOR FORMATION |
| | | | | | _ | | | | | | | | | | | | | | SECURITY |
| ο . | | | | | | | | | | | | | | | | | |] | PURPOSES |
| P : | | | | | | | | | | | | | | | | | | | |
| R T | | | | | _ | | | | | | | | | | | | т | | LY THE FIRST VE PROPERTY |
| Y · | | | | | \dashv | | | | | | | | | | | | 1 | | TEMS ARE |
| | | | | | _ | | | | | | | | | | | | | | SPLAYED ON |
| | | | | | | | | | | | | | | | | | | P2 | C REPORTS |
| | | | | | \Box | | | | | | | | | | | | | | |
| | Numb | | ehicles S | Stolen 0 | | nber Vehi | Cles Recovere | | 0 e | | | | 1 | Supervisor | Signat | ure | | | |
| ID | HIA | TT, J. | T. (160 | 081) | | | | | _ | | | | Sor Signature NER, K. M. (15921) | | | | | | |
| | Comp | lainant | Signatur | e | Case Statu | | | | | | | ☐ Loca | cated | | | | | | |
| Status | | | | | | | ☐ Inact | tive /Clea | ıred | | | ☐ Cleared | by A | rrest Dece | Refuse ther Ag | gency | ooperate | _ | Page 1 |