I N	Agency Name WINSTON-SALEM POLICE									CIDENT/INVESTIGATION						OCA 2438342					
C	ORI		,,,,,,	,5101, 511551	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time										
D		NC	NC 034	40200									10		25 20		 Irs.				
E		Crime I	ncident(s)	Att At Found SMTWT≢S Month Day Yr Time								Last Known Secure SMTWTFS								
N T	#1		Break	ing & Entering	hout Fo	rce	ce \times Com $\frac{10}{10}$ $\frac{25}{2024}$ $\frac{11}{02:14}$ Hr										Time $ 02:13 $	Hrs.			
D	#2	Crime I	ncident						Att	Location								Offense Tract	t		
A								_	Com				st Bv	, Winston	-salen			321			
T A	#3	Zrime I	ncident						Att	Premise '	Тур	pe					Victim Resid	lence Type nily ∏Multi Fa	mily		
	How A	Attacke	d or Con	mitted					Com					Forcible	Weapon / Tools						
MO			MITTEI											☐ Yes [☐ No	X N/A	N/A					
	# of Victims Type None Minor Loss of Teeth Drug/Alcohol Use:																				
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															wn					
V	Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major No N/A																				
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Crime #														Race	Sex	Relationshi To Offende				
T	V1		DA	ΓΑ OMITTED							'			47				□ Non-Res			
I M												1,			W	F	1RU	☐ Unknow			
	Home	ess	ГТЕ	TED							Home Phone										
	Employer Name/Address DATA OMI'															Business Phone					
	VYR Make Model Style Color									Lic/Lis				Vin							
	, 111			1110401		.,,10	00101			., 210											
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim DGI G								Property Description							ce/Mo		Serial Number			
- - P - R	1	"							Troperty Description						iviar	C/IVIC		OATA OMITTE	ΞD		
	1	65	7			3									NC			FOR	_		
	1	77	7			2	CHILD SUPPORT CARDS								SMI			INFORMATIO	N		
	1	77	7			1	MEDICAL INSURANCE CARD								WELL (CARE	,	SECURITY			
0	1	09	7			1	CREDIT/DEBIT CARD								DIREC			PURPOSES			
P . E .	1	20	7			1	MONEY/CASH								US CU	RREN	ICY				
R.															NLY THE FIR						
T																	TWI	LVE PROPER			
Υ .																		ITEMS ARE			
																		DISPLAYED (
																	P2C REPORT	<u>S</u>			
-	N 1	or of T	objete - C	tolon	NI	mbor V-1	iolog Poor	d	0										—		
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature													-							
ID			L. (158		. 11		Officer 51g	natul						SOME	or Signature ERVILLE, T. J. (16036)						
	Comp	lainant	Signatur	e	S				ase Dispos			-4- 1									
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ıred				by A	rrest by And	Refuse other Ag	gency	Cooperate	rtradition Decli Page 1	ned		