I N	Agenc	y Namo		NSTON-SALE	и Р	OLICE	IN	CIDE	CIDENT/INVESTIGATION					OCA 2438463				
C	ORI	NC					1	REPORT					Date / Time Reported SMTWTFS Month Day Yr Time					
D E	<u> </u>		NC 034					☐ Att At Found SMTWTFS Month Day Yr Time						Last Known Secure S M T W T F S Month Day Yr Time				
N T	#1	inne i	nerdeni(s	, Drug Viola	tion	S		DX Co					ime :38 Hrs			Day Yr -	Time $00:37$ Hrs.	
D	#2	Crime I	ncident			~			tt		of Incident	7 00	7.30	7 10			Offense Tract	
A				ia- Possessing/o	conc	ealing I	Equipment		199 E Third St/metropolitan Dr, Winston-salem 221 Demise Type Victim Residence Type									
T A	#3	Jillie 1	ncident						- 1	Pieiiise i	уре						y □Multi Family	
МО			d or Com					Forcible Yes					☐ Yes	Weapon / Tools				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use		
			IX So	ciety Governm	ent	□F	inancial Instit			1 0	Broken Bone	es —	☐ Severe	Lacera	ions	□Ye	s Unknown	
V I	$\frac{I}{I}$	Viotim		igious L.E. Of Name (Last, First,			uty Othe	er/Unkn	own	ı <u> </u>	nternal Victim of		_	Other			□N/A Resident Status	
C T	V1	v ictiiii/			iie)				Victim of Crime # DOB / Age			Race		To Offender	☐ Resident			
I	1		DA	ΓΑ OMITTED							1,2						☐ Non-Resident ☐ Unknown	
M	Home Address DATA OMIT									 ITED					Home Phone			
•	Employer Name/Address DATA OMI													Business Phone				
,	VYR	M	Model	Color Lic/Lis Vin						Vin								
H E R S I N V O L V E D		DATA OMITTED																
Status Codes	L = L	ost S	= Stolen	R = Recovered	D =	Damaged	Z = Seized	B = B	urne	$\mathbf{c}\mathbf{d}$ $\mathbf{C} = \mathbf{C}\mathbf{c}$	ounterfeit / F	orged	F = Foun	d				
	Victim		Status	Value	OJ	QTY	Property Description							Mak	e/Mo	del Se	rial Number	
							DIGITAL SCALE							IVIAN	C/1110		TA OMITTED	
P -																	FOR	
																	FORMATION SECURITY	
R O																	PURPOSES	
P : E :																		
R																	LY THE FIRST	
T Y					_												VE PROPERTY ITEMS ARE	
																	SPLAYED ON	
																	2C REPORTS	
			ehicles S			mber Vehi	cles Recovere	-						G.				
ID	Office HIN		K. (16	(402)	#		Officer Sig	nature					Supervisor STUM.	or Signature MP, J. K. (14922)				
	Complainant Signature Case Statu									Case Disposition:								
Status							☐ Further ☐ Inact ☐ Closed	tive /Cleare	d			by Ai	Loc rrest rrest by And] Refuse other Ag	ency	ooperate	Page 1	