| I<br>N                                                        | Agency Name WINSTON-SALEM POLICE                                                                                                                               |                                                |                    |                                      |             |                                                               |                                     |              |                                          | ICIDENT/INVESTIGATION |               |                    |      |                    |                    | OCA 2438566                                          |                   |                        |  |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------|--------------------------------------|-------------|---------------------------------------------------------------|-------------------------------------|--------------|------------------------------------------|-----------------------|---------------|--------------------|------|--------------------|--------------------|------------------------------------------------------|-------------------|------------------------|--|
| I C                                                           | ORI                                                                                                                                                            | NC                                             | NC 02              | 10200                                |             | 1                                                             |                                     |              | REP                                      | יסי                   | RT            |                    |      | Date /<br>Mon      | Time<br>th         | Reported<br>Day Y                                    | SMTWTFs<br>Time   |                        |  |
| D<br>E                                                        | NC NC 0340200 Crime Incident(s)                                                                                                                                |                                                |                    |                                      |             |                                                               |                                     |              | ☐ Att At Found SMTWTFS Month Day Yr Time |                       |               |                    |      |                    |                    | last Known Secure SMTWTFS  Last Known Secure SMTWTFS |                   |                        |  |
| N<br>T                                                        | #1                                                                                                                                                             |                                                |                    | spd-disturbing                       | The         | Peace                                                         |                                     | ı —          | Com                                      | Month 10              | D             |                    |      | lime<br>1:12   Hrs |                    |                                                      |                   | Time<br>4 19:11 Hrs.   |  |
| D.                                                            | #2                                                                                                                                                             | Crime I                                        | ncident            | <u> </u>                             |             |                                                               |                                     | _            | Att                                      | Location              | ı of          | Incident           |      | •                  |                    |                                                      |                   | Offense Tract          |  |
| A<br>T                                                        |                                                                                                                                                                | Trima I                                        | ncident            |                                      |             |                                                               |                                     | _            | Com                                      | 2746 Premise          |               |                    | Wins | ton-salen          | ı NC 2             |                                                      | 7<br>Victim Resid | 213                    |  |
| A                                                             | #3                                                                                                                                                             | Jiiiie i                                       | neident            |                                      |             |                                                               |                                     |              | Att<br>Com                               | Tremise               | тур           | DC .               |      |                    |                    | - 1                                                  |                   | nily                   |  |
| МО                                                            |                                                                                                                                                                |                                                | d or Com<br>MITTEI |                                      |             | •                                                             |                                     |              |                                          |                       | Forcible  Yes | X N/A              | We   | apon / Tool        | 3                  |                                                      |                   |                        |  |
|                                                               | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:                                                            |                                                |                    |                                      |             |                                                               |                                     |              |                                          |                       |               |                    |      |                    |                    | Alcohol Use:                                         |                   |                        |  |
|                                                               | X Society                                                                                                                                                      |                                                |                    |                                      |             |                                                               |                                     |              |                                          |                       |               |                    |      |                    |                    | _                                                    |                   |                        |  |
| V<br>I                                                        |                                                                                                                                                                | Victim/                                        |                    | igious ☐ L.E. Off Name (Last, First, |             |                                                               | ity 🔲 Othe                          | er/Un        | ıknow                                    | n _                   |               | ternal   Victim of |      | scious   B / Age   | Other              | <u> </u>                                             |                   |                        |  |
| C<br>T                                                        | V1                                                                                                                                                             | , 10 11111                                     |                    |                                      | Crime #     |                                                               |                                     |              |                                          | DOI                   | J / IIgc      | Race               | Bex  | To Offende         | Resident           |                                                      |                   |                        |  |
| I                                                             |                                                                                                                                                                |                                                | DA                 | ΓA OMITTED                           | 1,          |                                                               |                                     |              |                                          |                       |               |                    |      | ☐ Non-Resident     |                    |                                                      |                   |                        |  |
| М -                                                           | Home Address DATA OMIT                                                                                                                                         |                                                |                    |                                      |             |                                                               |                                     |              |                                          | ГТЕО                  |               |                    |      |                    |                    | Home Phone                                           |                   |                        |  |
|                                                               | Employer Name/Address DATA OM                                                                                                                                  |                                                |                    |                                      |             |                                                               |                                     |              |                                          |                       |               |                    |      |                    | Business Phone     |                                                      |                   |                        |  |
|                                                               | VYR                                                                                                                                                            | Color Lic/Lis Vin                              |                    |                                      |             |                                                               |                                     | Vin          |                                          |                       |               |                    |      |                    |                    |                                                      |                   |                        |  |
| T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED                                                                                                                                                   |                                                |                    |                                      |             |                                                               |                                     |              |                                          |                       |               |                    |      |                    |                    |                                                      |                   |                        |  |
| Status<br>Codes                                               | L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction) |                                                |                    |                                      |             |                                                               |                                     |              |                                          |                       |               |                    |      |                    |                    |                                                      |                   |                        |  |
| Cours                                                         | Victim # DCI Status Value OJ QTY                                                                                                                               |                                                |                    |                                      |             |                                                               |                                     | Pro          | nerty                                    | Description           | on            |                    |      |                    | Mak                | e/Mo                                                 | ndel              | Serial Number          |  |
| P -<br>R -<br>O                                               | #                                                                                                                                                              | # DCI Status Value OJ QTY Property Description |                    |                                      |             |                                                               |                                     |              |                                          |                       | IVIAN         | C/ 1V1C            |      | OATA OMITTED       |                    |                                                      |                   |                        |  |
|                                                               |                                                                                                                                                                |                                                |                    |                                      |             |                                                               |                                     |              |                                          |                       |               |                    |      |                    |                    |                                                      |                   | FOR                    |  |
|                                                               |                                                                                                                                                                |                                                |                    |                                      | $\dashv$    |                                                               |                                     |              |                                          |                       |               |                    |      |                    |                    |                                                      |                   | INFORMATION SECURITY   |  |
|                                                               |                                                                                                                                                                |                                                |                    |                                      |             |                                                               |                                     |              |                                          |                       |               |                    |      |                    |                    |                                                      |                   | PURPOSES               |  |
| Р <sup>-</sup><br>Е -                                         |                                                                                                                                                                |                                                |                    |                                      |             |                                                               |                                     |              |                                          |                       |               |                    |      |                    |                    |                                                      |                   |                        |  |
| R                                                             |                                                                                                                                                                |                                                |                    |                                      |             |                                                               |                                     |              |                                          |                       |               |                    |      |                    |                    |                                                      |                   | ONLY THE FIRST         |  |
| Т<br>Ү :                                                      |                                                                                                                                                                |                                                |                    |                                      |             |                                                               |                                     |              |                                          |                       |               |                    |      |                    |                    |                                                      | TWI               | LVE PROPERTY           |  |
|                                                               |                                                                                                                                                                |                                                |                    |                                      | _           |                                                               |                                     |              |                                          |                       |               |                    |      |                    |                    |                                                      |                   | ITEMS ARE DISPLAYED ON |  |
| -                                                             |                                                                                                                                                                |                                                |                    |                                      | +           |                                                               |                                     |              |                                          |                       |               |                    |      |                    |                    |                                                      |                   | P2C REPORTS            |  |
| -                                                             |                                                                                                                                                                |                                                |                    |                                      |             |                                                               |                                     |              |                                          |                       |               |                    |      |                    |                    |                                                      |                   |                        |  |
|                                                               |                                                                                                                                                                |                                                | ehicles S          |                                      |             | nber Vehic                                                    | cles Recovere                       |              | 0                                        |                       |               |                    |      |                    |                    |                                                      |                   |                        |  |
| ID                                                            | Office:<br>MIL                                                                                                                                                 | r<br><i>LER</i> .                              | A. B. (            | ID<br>(6122)                         | Officer Sig | Officer Signature Supervisor Signature MULGREW, M. J. (14746) |                                     |              |                                          |                       |               |                    |      |                    |                    |                                                      |                   |                        |  |
|                                                               | MILLER, A. B. (16122)  Complainant Signature  Case Stat                                                                                                        |                                                |                    |                                      |             |                                                               |                                     |              |                                          | Case Disposition:     |               |                    |      |                    |                    |                                                      |                   |                        |  |
| Status                                                        |                                                                                                                                                                |                                                |                    |                                      |             |                                                               | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive<br>/Clea | ared                                     |                       |               |                    | by A | Test by Ander      | Refuse<br>other Ag | gency                                                | ooperate          | Page 1                 |  |