| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | INCIDENT/INVESTIGATION | | | | | OCA 2438807 | | | |
|--|---|-------------------|-----------|--------------------------------------|-----|-----------|---|---|-------------|----------------------|----------------|--|--|------------|----------------------------|--|
| C · I | ORI | | | | | REPORT | | | | | | Date / Time Reported SH T W T F S Month Day Yr Time | | | | |
| D | | | NC 034 | | | | | | | | | | 10 28 2024 11:50 Hrs. | | | |
| E N | #1 | Crime I | ncident(s | | | | □ Att At Found S型TWTFS Month Day Yr Time | | | | | - M | Last Known Secure S M T W T F S Month Day Yr Time | | | |
| T. | $\begin{array}{c c c c c c c c c c c c c c c c c c c $ | | | | | | | | | | | | 10 28 | 2024 | Offense Tract | |
| D A | #2 | | nerdent | | | | | ☐ Att ☐ Com | | White Mead | dow Ln, W | inston- | salem N (| 5 | 213 | |
| Т | #3 | #3 Crime Incident | | | | | | | | | | | | | lence Type | |
| A | | | | | | | | Com | | | | | | - | nily □ Multi Family | |
| МО | How Attacked or Committed Forcible DATA OMITTED Forcible Ves | | | | | | | | | | | | e Weapon / Tools | | | |
| | # of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | |
| | 1 | | | ciety 🔲 Governi ligious 🔲 L.E. O | | | Financial Institu | | | Broken Bone | 1150 | vere Lac | erations | | les □Unknown | |
| V I | · | Victim/ | | Name (Last, First | | | | | | Internal 🗌 Victim of | DOB / Age | | her Major ace Sex R | elationshi | | |
| C T | V1 | | | | | o Offende | r 🛛 Resident | | | | | | | | | |
| Ι | DATA OMITTED | | | | | | | | | | | | | 1RU | □ Non-Residen | |
| M· | Home Address DATA OMITTED | | | | | | | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMITTED | | | | | | | | | | | Business Phone | | | | |
| | VYR | M | ake | Model | I S | tyle | Color | Lic/Lis Vin | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | |
| Status Codes | L = L | ost S | = Stolen | R = Recovered if recovered for ot | D = | Damaged | Z = Seized | B = Burr | ned $C = 0$ | Counterfeit / H | Forged $F = 1$ | Found | | | | |
| Coues | Victim | 1 | | | | Ĺ | | | | | | | | | ~ | |
| | #1 | | | | | | STRUCTURES | Property Description TRUCTURES - OTHER DWELLING | | | | | Make/Mode | | Serial Number | |
| - | | | | | | | | | | | | | FOR | | | |
| Р. | | | | | | | | | | | | | |] | INFORMATION | |
| R | | | | | | | | | | | | | | | SECURITY | |
| 0 P - | | | | | | | | | | | | | | | PURPOSES | |
| Е - | | | | | | | | | | | | | | | NLY THE FIRST | |
| R T | | | | | | | | | | | | | | | LVE PROPERTY | |
| Y · | | | | | | | | | | | | | | | ITEMS ARE | |
| - | | | | | | | | | | | | | |] | DISPLAYED ON | |
| - | | | | | | | | | | | | | | | P2C REPORTS | |
| _ | | | | | | | | | | | | | | | | |
| | | | ehicles S | - | | mber Vehi | icles Recovere | - | | | | | | | | |
| ID | OfficerID#Officer SignatureSupervisor SignatureIDAL-AMIN, J. M. (16366)001010 | | | | | | | | | 37) | | | | | | |
| Status | | | | | | | | | | | | | tradition Declined | | | |
| | | | | | | | | | hausted | | of Offender | | osecution I | Declined | Page 1 | |