I N	Agency Name WINSTON-SALEM POLICE								INCIDENT/INVESTIGATION							OCA 2439113				
C ·	ORI	NG					-	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034		Att At Found SMT-NTFS Month Day Yr Time								10 30 2024 18:44 Hrs.							
N T	#1	Jime I	nerdent(s	, Larceny- All	Oth	ıer		ı —	Com	Month 10	Γ			lime 3:44 Hrs			Day Yr	Time 18:43 Hrs		
D .	#2	Crime I	ncident	Eureeny 11ti	Oin				-	Location			# 10	5.44 111.5	10		00 2024	Offense Tract		
A		~ · ·						_	Com				ossir	ıg Wy Apı	t. 401,			323		
T A	#3	rime i	ncident						Att Com	Premise	тур	pe					Victim Reside Single Fam	ence Type ily∏Multi Famil		
МО	How Attacked or Committed													Forcible Yes XN/A			Weapon / Tools			
WO	DATA OMITTED Tes X N/A																			
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use: es				
	1			igious L.E. Of					know	. –	-			Severe	Lacera Other	nons Majo		_		
I C		Victim/	Business	Name (Last, First,			Victim of Crime # DOB / Age				Race	Sex	Relationship To Offender							
T I	V1		DA	TA OMITTED								<i>1</i> ,		37	W	M	To offende.	☐ Non-Reside		
M ·	Home	Addre	ess			_			1,					ne Phone	Unknown					
			ame/Add	***************************************	ΓΤΕD															
	•				ATA OMI									Business Phone						
	VYR	M	ake	Model	St	tyle	Color		Lic	c/Lis				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	D = er jur	Damaged risdiction)	Z = Seized	B =	Burn	ed C=	Cou	unterfeit / F	orged	F = Foun	d					
	Victim #	DCI	Status	Value	Property Description								Mak	e/Mo	odel S	erial Number				
	1 20 7 1 CASH							1									D.	ATA OMITTED		
E D	1	20	7			1	GIFT CARDS										T	FOR NFORMATION		
																	1.	SECURITY		
																		PURPOSES		
-																				
E R																		NLY THE FIRST		
																	IWE	LVE PROPERTY ITEMS ARE		
-				+													Г	DISPLAYED ON		
-																		P2C REPORTS		
-																				
	Numb		ehicles S	tolen 0		mber Vehi	Cles Recovere		0 re				ı	Supervisor	Signati	ıre				
ID	HIN									or Signature N, J. L. (15605)										
Status	Comp	lainant	Signatur	e			Case Statu Further Inact Closed	r Inve		tion		Case Dispos Unfoun Cleared Cleared	ded by A	Locarrest	Refuse	e to C	ooperate	radition Declined		
							☐ Closed			hausted				nder 🗆				Page 1		