I N	Agenc	y Name		NSTON-SALEN	. IN	INCIDENT/INVESTIGATION							OCA 2439139							
C I	ORI	NC					1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034		Att At Found SMTWTFS Month Day Yr Time								10   31   2024   01:02   Hrs.							
N T	#1	inne i	nerdeni(s	, Larceny- All	Oth	er		ı —	Com	Month 10	I			l:02  Hrs				T	ime 1:02  Hrs	
D	#2	Crime I	ncident		-				_			f Incident	+   01	1.02	10		1   202		fense Tract	
A		7 T	! 4 4					_	Com				Av,	Winston-s	alem		27105 Victim Res		222	
T A	#3	Jillie I	ncident						Att Com	Premise	1 у	pe							: Type ∃Multi Family	
МО			d or Con						Forcible	Weapon / Tools										
	DATA OMITTED    Yes   X  N/A   No																			
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:    Society   Government   Financial Institute   Broken Bones   Severe Lacerations   Yes   Unknown																			
V	1		Rel	igious 🔲 L.E. Of	icer	Line of D			know		_			nscious	Other	nons Majo			□N/A	
I C	Victim/Business Name (Last, First, Middle)  Victim of DOB / Age Crime # 72														Race	Sex	Relationsl To Offend		esident Status Resident	
T I	V1	DA					<i>1</i> ,		12	$\mid_{B}\mid$	$_{F}$	1GP		Non-Resider						
M	Home Address											1, 1				Home Phone Unknown				
	Employer Name/Address DATA OMI'															Business Phone				
	DATA OIVI															Business Phone				
	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis				Vin						
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim #	DCI	Status		Property Description							Mak	ake/Model Serial Number							
	1 13 7 1 (25) .25 CAI							HANDGUN								DATA OMITTED				
P · R · O																		INFC	FOR DRMATION	
					-														ECURITY	
																		PU	JRPOSES	
Р <sup>-</sup> Е -																				
R T Y					_														THE FIRST PROPERTY	
					$\dashv$												1 W		EMS ARE	
					_														LAYED ON	
																		P2C	REPORTS	
					$\Box$															
	Numb		ehicles S	tolen 0		nber Vehi	cles Recovere		e e				1	Supervisor	Signati	ıre				
ID	KEL		ÀLLE							or Signature (N, W. A. (15431)										
	Comp	lainant	Signatur	e			Case Status	r Inve	estiga	tion		Case Dispos  Unfoun	ded	Loca	ited		□ I	Extradi	ition Declined	
Status							☐ Closed	/Clea		hausted		☐ Cleared	by A	rrest	Refuse ther Ag	gency	ooperate		Page 1	