I N	Agency Name WINSTON-SALEM POLICE INCIDENT/INVESTIGATION													OCA 2439200				
C · I	ORI				REPORT								Date / Time Reported SMTWIFS Month Day Yr Time					
D			NC 034									10	31	202	24 13:21	Hrs.		
E N	#1	Crime In	ncident(s	·				□ Att		Found	Day Yr	M T W	<u></u> F_S Time	Last I Mont	Known S h Day		SMTW <u></u> Time	
Т.	T T												8:21 Hrs	s 10	31	2024	0ffense Tra	
D A	$\begin{bmatrix} \Box & \Pi \\ \Box & \Box \end{bmatrix}$															'C	222	ici
Т	#3 Crime Incident																ence Type	
А								Com								-	nily ∏Multi I	Family
МО			d or Con MITTEI										Forcible Yes [No	Ŋ N∕A	Weapo	n / Tools		
v	# of V	lictims		Person		Business			I	njury	□ None			Loss of		-	Alcohol Use:	
	2			ciety 🔲 Governi ligious 🔲 L.E. O			inancial Institution		vn	_	Broken Bon			Lacerat			^{Zes} □ ^{Unkn} ^{Io} □N/A	iown
Ι		Victim/		Name (Last, First							Victim of		3 / Age	Race	Sex Re	lationshi	p Resident S	Status
C T																Offende	r 🛛 Reside	
I M·																		
IVI ·	Home	e Addre	ss			D	ATA OMI	ГТЕD							Home I	Phone	•	
	Empl	oyer Na	me/Add	ress				ATA OMITTED						Business Phone				
	VYR	M	ake	Model	Color	Li	c/Lis				Vin							
H E S I N V O L V E D	DATA OMITTED																	
Status																		
Codes	(Chec Victim	k "OJ"	column	if recovered for ot	her ju	risdiction)												
P R	# DCI Status Value C					QTY		Property Description				Mak	e/Model		Serial Numbe			
																L	FOR	
]	NFORMATI	ION
																	SECURITY	Y
0																	PURPOSE	S
Р ⁻ Е -																		
R T																	NLY THE F	
I Y																	ITEMS AR	
]	DISPLAYED	
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			ehicles S	-		mber Vehi	cles Recovere	-					C	C: :				
ID	Office MIN		D. (16		D#	<u></u>	Officer Sig	Officer Signature Supervisor MULL								50 <u>79)</u>		
Status	Comp	lainant	Signatur	e			Inact	er Investigation Unfounded Located ctive Cleared by Arrest Refuse to Coo								tradition Dec	lined	
							Closed		haust	ed	\square Cleared \square Death of				ency ution De	eclined	Page 1	1