I N	Agenc	y Name		STON-SALEN	CIDENT/INVESTIGATION						OCA 2439443								
C ·	ORI	NC			1		REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E			NC 034									T F S	II 02 2024 08:35 Hrs. Last Known Secure S M T W T F S Month Day Yr Time						
N T	#1			, Trespassi	ng			_	Com	Month	D			lime 3:35 Hrs				Time 1 08:35 Hrs	
D	#2	Crime I	ncident							Location	of I	Incident					•	Offense Tract	
A T		Crime I	Violat ncident	tion Of City/cou	nty	Ordinan	ice		Com Att	Premise			Pw,	Winston-	salem		27103 Victim Resid	412 lence Type	
A	#3								Com		71							nily □Multi Family	
МО			d or Con MITTEI								Forcible ☐ Yes ☐ No	X N/A	We	apon / Tools	:				
	# of V	ictims	Туре	☐ Person	П	Business				Injury	y	☐ None		_	Loss o	f Tee	th Drug/	Alcohol Use:	
* 7	X Society															_			
V I		Victim/		Name (Last, First,			шту 🔲 Оппе	21/ U11	KIIOW	^{/11} _		Victim of		S / Age	Race			p Resident Status	
C T	V1		DΔ	ΓA OMITTED				(Crime #		Ü			To Offende					
I M ·									1,2						Unknown				
	Home Address DATA OMI									ГТЕD						Home Phone			
•	Employer Name/Address DATA OMI									TTED					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 Value OJ QTY						Property Description								Mak	e/Mo	odel :	Serial Number	
- - P - R	п	" Toperty Besoription											ATA OMITTED						
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	Office	r	ehicles S	ID		mber Vehi	cles Recovere Officer Sig		e e				Ī	Supervisor	Signat	ıre			
ID	ANDERSON, B. R. (15633)													(0)	2.5.141				
Status	Comp	lainant	Signatur	e			Case Statu Further	r Inve	estiga	tion		ase Dispos Unfoun Cleared	ded by Aı	rest Loc	Refuse	e to C	ooperate	stradition Declined	
							☐ Closed			hausted				rest by And	other Ag	gency		Page 1	