I N	Agenc	y Name		VSTON-SALEN	OLICE	INCIDENT/INVESTIGATION							OCA 2439613					
C	ORI	NC	NC 034	10200			REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s				Att At Found SMTWTFS Month Day Yr Time							11   03   2024   14:18 Hrs.   Last Known Secure				
N T	#1			, Aggravated A	ssai	ılt		ı —	Com	Month 11			Fime 4:18  Hrs			Day Yr	Time $14:17$ Hrs.	
D	#2	Crime I	ncident						Att	Location	of Incident						Offense Tract	
A T	Com 627 E Sprague St, Winston-salem N																211	
A	#3	Jime I	neident					☐ Att   Premise Type ☐ Com					Victim Residence Type  ☐ Single Family ☐ Multi Family					
МО			d or Com MITTED										Forcible  Yes  No	<b>X</b> N/A	We	apon / Tools		
	# of V	ictims	Type	▼ Person	□ E	Business				Injury	X None	:N		Loss o	f Teet	th Drug/A	lcohol Use:	
3.7	1			ciety Governm			inancial Institu		1	. –	Broken Bo		□ Severe	Lacera	tions		es Unknown	
V I	I       □ Religious       □ L.E. Officer Line of Duty       □ Other/Unknown       □ Internal       □ Unconscious       □ Other/Unknown         Victim/Business Name (Last, First, Middle)       □ Victim of DOB / Age       R															r ⊠ No Relationship	<del></del>	
C T	V1		DAT	ΓA OMITTED				Crime #					57			To Offender		
I M											1,			В	M	1ST	Unknown	
	Home Address DATA (								OMITTED						Home Phone			
	Emplo	me/Addı	ress	ATA OMI	A OMITTED						Business Phone							
	VYR Make Model Style						Color Lic/Lis Vin						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 i	R = Recovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit /	Forge	F = Found	1				
	Victim # DCI Status Value OJ QTY						Property Description							Mal	ce/Mo	del S	erial Number	
- - P - R																DA	ATA OMITTED	
					$\dashv$											11	FOR FORMATION	
					+												SECURITY	
ο .																	PURPOSES	
P -																		
R T					_												VE PROPERTY	
Y ·					+											1 1 11 12	ITEMS ARE	
					+											D	ISPLAYED ON	
																I	2C REPORTS	
-	N7 -		1 . 1 ~	. 1		1 37.11	1 5	1										
	Numb		ehicles S	tolen 0		nber Vehic	cles Recovere Officer Sig		e e				Supervisor	Signat	ure			
ID	TIPI		BAR!							VES, L. S. (15657)								
Status	Comp	lainant	Signatur	e			Case Statu:  Further  Inact  Closed	r Inve ive /Clea	red			inded ed by A ed by A	☐ Loca	Refuse ther Ag	gency	ooperate	Page 1	