I N	Agenc	y Name		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2439680								
I C	ORI	NC	NC 02	40200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034		Att At Found SMTWTFS Month Day Yr Time							TFS	11 04 2024 05:18 Hrs Last Known Secure SMTWTFS Month Day Yr Time								
N T	#1	71111C 11	ieraem(s	, Trespassi	_	Com	Month 11	D			Time $5:18$ Hrs				r 💳	Time	irs.				
D.	#2	Crime I	ncident			Att		_	Incident	+ 02	7.10	7 11)4 20		Offense Tract					
A		7 T	:1	Resisting A	rres	t		$\overline{}$	X Com 3400 York Rd, Winston-salem N							27104 324 Victim Residence Type					
T A	#3	nme i	ncident					☐ Att Premise Type ☐ Com								☐ Single Family ☐ Multi Family					
МО			d or Com											Forcible Yes	X N/A	We	apon / To	ols			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Using Drug/Alcohol Using Person Drug/Alcohol Using Dr															cohol Use:	\dashv				
	2		X So	ciety Governm	ent	□ F:	inancial Instit] Br	oken Bone	es	Severe	_			-	Unkno	wn	
V I		liation/		igious L.E. Off			ity Othe	er/Un	know	n _		ternal			Other	<u> </u>		No	□N/A Resident Sta	otus	
C	V1	v ictiiii/			Victim of Crime # DOB / Age					3 / Age	Race	Sex	Relation To Offer	snip ider	☐ Resident	t					
T I	DATA OMITTED												2,						☐ Non-Res ☐ Unknow		
М -	Home	Addre	ss		rten								Home Phone								
	Employer Name/Address DATA ON														Business Phone						
	VYR	Color Lic/Lis Vin						Vin													
																				\dashv	
O T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = 1 er jur	Damaged isdiction)	Z = Seized	B =	Burn	ied C=	Cou	ınterfeit / F	orged	F = Foun	d						
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	odel	Sei	ial Number		
- - P - R														DA	FA OMITTE	D_					
					\dashv													IN	FOR FORMATIO	N	
					+														SECURITY	-	
0																			PURPOSES		
Р ⁻ Е -																					
R					_												TDX.		LY THE FIR		
T Y					\dashv												TV		/E PROPER ITEMS ARE		
-					-														SPLAYED C		
-																			C REPORT		
_																					
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature																				
ID	Office:		I. W. (1		Officer Sig	Officer Signature Supervis								or Signature ERVILLE, T. J. (16036)							
	Complainant Signature Case Stat									S Case Disposition:											
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by Ai	Loc rest rest by And] Refuse other Ag	gency	ooperate	_	Page 1		