| I N | Agenc | | NSTON-SALEN | CIE | CIDENT/INVESTIGATION | | | | | | OCA 2440024 | | | | | | | | |
|-----------------------|--|------------|--------------------|---|----------------------|---------------------|-------------|---------|-------------|----------|---|---------------|---|-------------------|--|----------------|--------------------|------------------------|--|
| I C | ORI | NC | NC 034 | 10200 | 1 | | REPORT | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | |
| D E | 10 | | ncident(s | | ☐ Att At Found | | | | | | 11 06 2024 12:55 Hrs. Last Known Secure S M T H T F S Month Day Yr Time | | | | | | | | |
| N T | #1 | | | ning Money By | Fal: | se Prete | nse | ı — | Com | Month | Ι | | | lime 2:55 Hrs | | | Day Yr | Time 12:54 Hrs. | |
| D. | #2 | Crime I | ncident | 0 7 7 | | | | | Att | Locatio | n of | f Incident | | | | | | Offense Tract | |
| A T | Crime Incident Com 1213 Watson Av, Winston-salem | | | | | | | | | | | | | | | | 03 Victim Resid | 312 | |
| A | #3 | Jillie I | ncident | | | | | Com | Treimse | 1 y | pe | | | | | | ily ∏Multi Family | | |
| МО | | | d or Com | | | | | | | | | | | Forcible Yes [| X N/A | We | apon / Tools | | |
| | | | | | | | | | | | | | | | | Alcohol Use: | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unkno | | | | | | | | | | | | | | | | | | |
| V I | | Victim | | igious L.E. Off Name (Last, First, | | | uty Othe | er/Ur | ıknow | n [|] In | Victim of | | nscious B / Age | Other Race | | | | |
| C T | V1 | v ictiiii/ | | | WHU | uic) | | | | | | Crime # | DOI | 80 | Race | sex | To Offender | □ Resident | |
| I | 1 | | DA | ΓA OMITTED | | | | | | 1, | | | W | F | 1RU | ☐ Non-Resident | | | |
| М - | Home Address DATA OMIT | | | | | | | | | TTED | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | | Business Phone | | | | |
| | VYR | M | ake | Color | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | |
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| a | S L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column | R = Recovered if recovered for other | D = er jui | Damaged risdiction) | Z = Seized | В= | Burn | ied C= | Co | unterfeit / F | orged | F = Foun | d | | | | |
| | Victim # | DCI | Status | | Property Description | | | | | | | Mal | ce/Mc | odel S | erial Number | | | | |
| | 1 | | | | | | | | H | | | | | | | | D | ATA OMITTED | |
| P - R | | | | | | | | | | | | | | | | | Ι | FOR NFORMATION | |
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| | Numb Office | | ehicles S | tolen 0 | | mber Veh | Officer Sig | | o re | | | | Ī | Supervisor | Signat | ure | | | |
| ID | RICHARDSON, S. G. (15580) | | | | | | | | | | , | : | | | | | A. M. (148 | 84) | |
| | Comp | lainant | Signatur | e | | estiga | tion | 1 | Case Dispos | | □ Loc | ated | | □ Ex | radition Declined | | | | |
| Status | | | | ive | | | | Cleared | by A | rrest |] Refus | e to C | ooperate | | | | | | |
| | | | | | | | ☐ Closed | | | hausted | 1 | | | | other Agency Prosecution Declined Page 1 | | | | |