I N	Agenc	y Name		NSTON-SALEN	IN	ICIDENT/INVESTIGATION						OCA 2440025									
I C	C ORL REPORT														Date / Mon	Time	Reported	yr S			
D E			ncident(s		Att At Found SMTHTFS Month Day Yr Time								11 06 2024 14:28 Last Known Secure S M T W Month Day Yr Time								
N T	#1			yspd-disturbing	The	Peace		_	Com	Month	D			lime 1:28 Hrs				-	Time 14:27		
D.	#2	Crime I	ncident	1 0					Att	Location	of	Incident							ffense 7		
A T	Crime Incident Com 809 Thurrock Ct, Winston-salem NC																	idon	323	_	
A	#3	Jime I	iicident		☐ Att Premise Type ☐ Com								Victim Residence Type ☐ Single Family ☐ Multi Family								
МО			d or Com					Forcible Yes						☐ Yes							
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															se:					
V	1			ciety Governmentigious L.E. Off			inancial Institu		know		•	oken Bone		Severe	Lacerar Other			Yes No	□ Ur		
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age R														Race		Relations	hip		nt Status	
C T	V1		DA	ΓΑ OMITTED				'	Crime #					To Offen		□ Resi	ident -Resident				
I M ·												1,				Un					
	Home Address DATA OMI									ГТЕD						Home Phone					
	Employer Name/Address DATA OMI									TTED						Business Phone					
	VYR Make Model Style						Color		Lic	c/Lis				Vin							
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	ıdel	Ser	ial Num	ıher	
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	Numb		ehicles S	tolen 0		nber Vehi	cles Recovere Officer Sig		0 re				Ī	Supervisor	Signati	ıre					
ID	COX	K, M. A	A. (149.	20)		MCK								or Signature AUGHAN, A. M. (14884)							
	Complainant Signature Case Stat ☐ Furth									Case Disposition: Investigation ☐ Unfounded ☐ Located ☐ Extr							Extra	dition D	Declined		
Status							☐ Closed	ive /Clea	ared			☐ Cleared	by Ai	rest by Ander] Refuse other Ag	gency	ooperate		Page		