| I N | Agenc | y Name | | NSTON-SALEN | OLICE | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2441023 | | | | | | | | | |
|---|---|-------------|-----------|--------------------------------------|---|-----------|--------------------------|----------------------|------------|---|------|--------------------|-----------------------------------|--|----------------------|--|-----------|---------------|------------------------|---------|--|--|--|
| I C | C REPOR | | | | | | | | | | | | | Date / | | | | | /Time Reported SMTWTFS | | | | |
| D E | | | ncident(s | | Att At Found SMTATFS Month Day Yr Time | | | | | | | | | In I I I I I I I I I I I I I I I I I I | | | | | | | | | |
| N T | #1 | | | Discharging F | arm | | _ | Com | Month | D | | | lime 3:09 Hrs | | | | | Time 18:08 | | | | | |
| D. | #2 | Crime I | ncident | 0 0 | | | | | Att | Location | n of | Incident | | | | • | • | | ffense T | | | | |
| A T | | Trima I | ncident | | | | | _ | Com | | | | 1 <i>v/e</i> 2 | Thirtieth . | St, Wi | inston-salem 121 Victim Residence Type | | | | | | | |
| A | #3 | Jillie i | neideni | | | | ☐ 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 Use: | | | | | | | | | | | | | | | e: | | | | | | | |
| | X Society | | | | | | | | | | | | | | | | | | | | | | |
| V I | | Victim/ | | igious L.E. Off Name (Last, First, | | | uty Othe | er/Un | ıknow | 'n | | ternal Victim of | | scious E | Other Race | . | | No hin | □N/A Resident | | | | |
| C T | V1 | v ictiii/ | | | IVIICI | iic) | | | | | | Crime # | DOI | o / Age | Race | Sex | To Offen | der | ☐ Resid | lent | | | |
| I | DATA OMITTED | | | | | | | | | | | 1, | | | | | | | □ Non-l □ Unkn | | | | |
| М - | Home Address DATA OMI | | | | | | | | | TTED | | | | | | Home Phone | | | | | | | |
| | Employer Name/Address DATA Of | | | | | | | | IITTED | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | |
| | Victim | | | Property Description | | | | | | | | Mak | lake/Model Serial Number | | | | ner | | | | | | |
| | # DCI Status Value OJ QTY | | | | | | | Troperty Besoription | | | | | | 17141 | DATA OMITTED | | | | | | | | |
| P - | | | | | | | | | | | | | | | | | | INIT | FOR FORMAT | FION | | | |
| | | | | | | | | | | | | | | | | | | | SECURI | | | | |
| R O | | | | | | | | | | | | | | | | | | | PURPOS | | | | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | | | | | |
| R T | | | | | - | | | | | | | | | | | | TV | | Y THE I | | | | |
| Y - | | | | | \dashv | | | | | | | | | | | | 1 V | | TEMS A | | | | |
| - | | | | | | | | | | | | | | | | | | | PLAYE | | | | |
| _ | | | | | | | | | | | | | | | | | | P2 | C REPO | RTS | | | |
| - | | | | | \Box | | | | | | | | | | | | | | | | | | |
| | Numb | | ehicles S | tolen 0 | | mber Vehi | cles Recovere | | 0 re | | | | Ī | Supervisor | Signati | ure | | | | | | | |
| ID | GEC | <i>IGHE</i> | | M. R. (16168) | | ŴHII | | | | | | | or Signature (E, R. D. (15708) | | | | | | | | | | |
| | Complainant Signature Case Sta ☐ Furth | | | | | | | | | Case Disposition: nvestigation Unfounded Located | | | | | | | | Extra | dition De | eclined | | | |
| Status | | | | | | | ☐ Closed | tive /Clea | ared | | | Cleared | by Ai | rest by And |] Refuse other Ag | gency | ooperate | | Page | | | | |