| I N | Agenc | y Name | | STON-SALEN | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2441128 | | | | | | |
|---|--|--------------|----------------------|--------------------|--|------------------------|----------------------------|-------------------------|---------|--------------|----------|--|-----------------------|-------------------------|---|--------------|----------------------|---------------------------------|--|
| C I | ORI | NC | NC 034 | | | | | REPORT | | | | | | | Date / Time Reported S M T W I F S Month Day Yr Time | | | | |
| D E | | NC . | | | Att At Found SMTWIFS Month Day Yr Time | | | | | | | 11 14 2024 12:33 Hrs. Last Known Secure SMTMIFS | | | | | | | |
| N T | #1 | | | , Trespassi | ng | | | _ | Com | Month | I | | | lime 2:33 Hrs | | | | Time $4 \mid 12:32 \mid$ Hrs. | |
| D | #2 | Crime I | ncident | • | | | | | - 1 | Locatio | n of | f Incident | | | | | • | Offense Tract | |
| A T | Crime Insident | | | | | | | | | | | | | Winston- | salem . | | 27105 Victim Resi | dence Type | |
| A | #3 | | | | | | | Com | | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Com MITTED | | | | Forcible Yes | | | | | | ☐ Yes | Weapon / Tools | | | | | |
| | # of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | | |
| V | 2 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major | | | | | | | | | | | | | | | _ | | | |
| V I | | Victim/ | | Name (Last, First, | | | aty 🔲 Otto | 21/ (31) | KIIOW | <u>" [</u> | <u> </u> | Victim of | | 3 / Age | Race | . | Relationsh | ip Resident Status | |
| C T | V1 DATA OMITTED | | | | | | | | | | | Crime # | | - | | | To Offend | Resident Non-Resident | |
| I M | | | | | | | | | | 1, | | | | | | | 1ST | Unknown | |
| | Home Address DATA OMI | | | | | | | | | TTED | | | | | | Home Phone | | | |
| , | Employer Name/Address DATA | | | | | | | | OMITTED | | | | | | Business Phone | | | | |
| , | VYR Make Model Style | | | | | | Color | | Lic | c/Lis | | | | Vin | <u> </u> | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction) | | | | | | | | | | | | | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | ce/Mo | odel | Serial Number | |
| - - P - R | " | - Projection | | | | | | | | | | | | DATA OMITTED | | | | | |
| | | | | | | | | | | | | | | | | | | FOR INFORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
| ο . | | | | | | | | | | | | | | | | | | PURPOSES | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | NH WELL PIDGE | |
| R T | | | | | _ | | | | | | | | | | | | | ONLY THE FIRST ELVE PROPERTY | |
| Y · | | | | | _ | | | | | | | | | | | | 1,,, | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | | DISPLAYED ON | |
| | | | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Nur | mbar Vahi | cles Recovere | d | 0 | | | | | | | | | | |
| | Office | r | | ID | | IIOCI Y CIII | Officer Sig | | - | | | | | Supervisor | Signat | ure | 5063 | | |
| ID | | | EYES, I Signature | D. (16353) | | | Case Statu | | | | | | | CLARI | LARK, Ď. C. (15090) | | | | |
| Status | Comp | iamalli | Signatul | | | | ☐ Furthe: ☐ Inact ☐ Closed | r Inve tive /Clea | ıred | | | ☐ Unfoun ☐ Cleared ☐ Cleared | ded by Ai by Ai | Locarest Crest by Ander |] Refuse other Ag | gency | Cooperate | xtradition Declined Page 1 | |