| I.              | Agency Name INCIDENT/INVESTIGATION OCA  |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
|-----------------|---|-----------|-----------|----------------------|----------|------------|--|---|--|-------|----------------------|-----------------------------|--|---|------------------|----------------------|--------------------------------------|
| Ν               | rigene  | y i taint |           | STON-SALE            | M P      | OLICE      |  |   |  |       |                      |                             |  | 2441132   |                  |                      |                                      |
| C ·<br>I        | ORI   |           |           |                      |          | REPORT     |  |   |  |       |                      |                             | Date / Time Reported SM TW FS<br>Month Day Yr Time |   |                  |                      |                                      |
| D               |   |           | NC 034    |                      | <u> </u> |            |  |   |  |       |                      | 11   14   2024   09:50 Hrs. |  |   |                  |                      |                                      |
| E<br>N          | #1  | Crime I   | ncident(s |                      |          |            |  | □ Att   | At Fo<br>Mont  |       | Day Yr               | T W -<br>T                  | TFS<br>ime   | Last K<br>Monti                                   | nown Se<br>1 Day | cure<br>Yr           | SMTW <u></u> FS<br>Time              |
| Т               |   | <u>.</u>  | .1 .      | Drug Viold           | ition    | s          |  | ⊠ Con   | 11   |       |                      | 09:                         | 50  Hrs  | 11  | 14               | 2024                 |                                      |
| D               | #2  | rime I    | ncident   |                      |          |            |  |   | ation of IncidentOffense Tract48 Richmond Park Dr, Winston-salem NC323 |       |                      |                             |  |   |                  |                      |                                      |
| A<br>T          |   |           |           |                      |          |            |  |   |  |       |                      |                             |  | on-saie   |                  | m Resid              | ence Type                            |
| A               | #3  |           |           |                      |          |            |  |   |  |       |                      |                             |  | ☐ Single Family ☐ Multi Family                    |                  |                      |                                      |
|                 | How A   | Attacke   | d or Con  | mitted               |          |            |  | _   |  |       |                      |                             | Forcible   |   | Weapor           | / Tools              | · <u> </u>                           |
| MO              | D.  | ATA O     | MITTEI    | )                    |          |            |  |   |  |       |                      |                             | □ Yes [<br>□ No                                    | X N/A   |                  |                      |                                      |
|                 | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  | Alcohol Use:         |                                      |
|                 | 1   |           | 🛛 🖾 So    | ciety 🔲 Governn      | nent     | 🗆 Fi       | inancial Institu                         |   |  | _     | Broken Bones         | s –                         | □ Severe   |   |                  |                      | <sup>7</sup> es □ <sup>Unknown</sup> |
| V               |   |           |           | ligious 🔲 L.E. Of    |          |            | ity 🗌 Othe                               | r/Unknov                                      | vn   |       | nternal 🔲 U          | Uncons                      | scious 🗆   | Other N   | lajor            | X N                  |                                      |
| I<br>C          |   | Victim/   | Business  | Name (Last, First    | Mid      | dle)       |  |   |  |       | Victim of<br>Crime # | DOB                         | / Age  | Race S  |                  | ationshij<br>Offende |                                      |
| T<br>I          | V1  |           | DA        | <b>FA OMITTED</b>    |          |            |  |   |  |       |                      |                             |  |   |                  |                      | □ Non-Residen                        |
| M ·             |   | Addre     |           |                      |          |            |  | 1,  |  |       |                      |                             |  |   |                  |                      | Unknown                              |
|                 | Home  | e Addre   | ss        |                      |          | D.         | ATA OMITTED                              |   |  |       |                      |                             |  | Home Phone  |                  |                      |                                      |
|                 | Emplo   | oyer Na   | me/Add    | ress                 |          | D          | ATA OMITTED                              |   |  |       |                      |                             |  | Business Phone                                    |                  |                      |                                      |
|                 | VYR   | 1.14      | - 1       | I. M 4-1             | 1.0      |            |  |   |  |       |                      |                             | V.   |   |                  |                      |                                      |
|                 | VIK   | M         | ake       | Model                |          | tyle       | Color                                    |   | c/Lis  |       |                      |                             | Vin  |   |                  |                      |                                      |
|                 |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
| 0               |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
| T               |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
| H               |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
| E<br>R          |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
| S               |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
|                 | DATA OMITTED  |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
| I<br>N          |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
| v               | v   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
| 0               |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
| L<br>V          |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
| Е               |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
| D               |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
|                 |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
| Status<br>Codes | L = L   | ost S     | = Stolen  | R = Recovered        | D =      | Damaged    | Z = Seized                               | B = Bur                                       | ned C  | = Cc  | ounterfeit / Fo      | orged                       | F = Foun   | d   |                  |                      |                                      |
| Coues           | Victim  | K OJ      | column    | II recovered for our | er ju    |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
|                 | #   | DCI       | Status    | Value                | OJ       | QTY        |  | Property                                      | / Descri   | ption | 1                    |                             |  | Make  | /Model           |                      | Serial Number                        |
| -               |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  | D                    | ATA OMITTED                          |
| -               |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  | T                    | FOR                                  |
| Р-              |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  | 1                    | NFORMATION<br>SECURITY               |
| R<br>O          |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      | PURPOSES                             |
| P -             |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      | TURI USES                            |
| Е-              |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  | 0                    | NLY THE FIRST                        |
| R<br>T          |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      | LVE PROPERTY                         |
| Y ·             |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      | ITEMS ARE                            |
| -               |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  | Ι                    | DISPLAYED ON                         |
| -               |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      | P2C REPORTS                          |
| -               |   |           |           |                      |          |            |  |   |  |       |                      |                             |  |   |                  |                      |                                      |
|                 |   |           | ehicles S | 9                    |          | mber Vehio | cles Recovere                            | . 0   |  |       |                      |                             |  | <u> </u>  |                  |                      |                                      |
| ID              | Office<br>HAS   |           | A. E. (   |                      | D#       |            | Officer Sig                              | Officer Signature Supervisor Signature DAWKIN |  |       |                      |                             |  |   |                  | 385)                 |                                      |
|                 |   |           | Signatur  |                      |          |            |  | Case Status Case Disposition:                 |  |       |                      |                             |  |   |                  |                      |                                      |
| G4              | -   |           |           |                      |          |            | X Further Investigation □ Unfounded □ Lo |   |  |       |                      |                             |  | cated Extradition Declined<br>Refuse to Cooperate |                  |                      |                                      |
| Status          |   |           |           |                      |          |            |  | /Cleared                                      |  |       | Cleared              |                             |  |   |                  | гане                 |                                      |
|                 |   |           |           |                      |          |            | Closed                                   |   | hausted  | i     | Death of             |                             |  | Prosecu   |                  | lined                | Page 1                               |