|   |  | N                    |           |                      |       |             | -                                | _                                  |      | _               | _                 |        | г                     | 0.07  |   |                     |                               |  |  |
|---|--|----------------------|-----------|----------------------|-------|-------------|----------------------------------|------------------------------------|------|-----------------|-------------------|--------|-----------------------|---|---|---------------------|-------------------------------|--|--|
| I<br>N  | Agenc  | y Nam                |           | <b>VSTON-SALE</b>    | M F   | POLICE      | INCIDENT/INVESTIGATION<br>REPORT |                                    |      |                 |                   |        |                       | OCA 2441375   |   |                     |                               |  |  |
| C ·<br>I  | ORI  |                      |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       | Date / Time Reported S M T W T F S<br>Month Day Yr Time             |   |                     |                               |  |  |
| D   |  |                      | NC 034    |                      |       |             |                                  |                                    |      |                 |                   |        |                       | 11   16   2024  12:54 Hrs.  |   |                     |                               |  |  |
| E<br>N  | #1   | Crime I              | ncident(s | ,                    |       |             |                                  |                                    | - M  | t Found<br>onth | Day Yr            | T W    | TF <u>-</u> S<br>Time | Last H<br>Mont  | nown h  | Secure              | SMTWTF <sub>-</sub> S<br>Time |  |  |
| Т   |  | anima I              | naidant   | Larceny- Al          | l Otl | her         |                                  | X Co                               |      | <u>11  </u>     |                   | 4   12 | 2:54  Hrs             | - 11  | 16  | 2024                | 12:53 Hrs                     |  |  |
| D   | Com 611 Conona St Winston salam                                |                      |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       |   | 103   |                     | Offense Tract<br>312          |  |  |
| A<br>T  | #3 Crime Incident Image: Att Premise Type                      |                      |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       |   |   | tim Resid           | ence Type                     |  |  |
| А   | π 3  |                      |           |                      |       |             |                                  | Co                                 | m    |                 |                   |        |                       |   |   | ingle Farr          | ily <b>□</b> Multi Family     |  |  |
| MO  |  |                      | d or Con  |                      |       |             |                                  |                                    |      |                 |                   |        | Forcible              | N/A   | Weapo   | on / Tools          |                               |  |  |
|   |  |                      |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       |   |   |                     |                               |  |  |
|   | # of V   | victims              |           | Person               |       | Business    | inonaial Instit                  | titute Injury ⊠None ☐ Minor        |      |                 |                   |        | _                     | □ Loss of Teeth Drug/Alcohol Use:<br>re Lacerations □ Yes □ Unknown |   |                     |                               |  |  |
| v   |  |                      |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       |   | re Lacerations ☐ Yes ☐ Unknown<br>☐ Other Major ☑ No ☐N/A |                     |                               |  |  |
| Ι   | Victim/Business Name (Last, First, Middle) Victim of DOB / Age |                      |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       |   | Sex R   | elationship         | Resident Status               |  |  |
| C<br>T  | V1   |                      | DA        | TA OMITTED           |       |             |                                  |                                    |      |                 | Crime #           |        | 39                    |   |   | o Offender          | Resident                      |  |  |
| I<br>M·   |  |                      |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       | W   |   | 1ST                 | Unknown                       |  |  |
|   | Home   | e Addre              | ess       |                      |       | D           | ATA OMI                          | ГTED                               |      |                 |                   |        |                       | Home Phone  |   |                     |                               |  |  |
|   | Empl   | oyer Na              | ame/Add   | ress                 |       | D           | ATA OMI                          |                                    |      |                 |                   |        |                       | Business Phone  |   |                     |                               |  |  |
|   | VYR  | I M                  | ake       | Model                | tyle  | Color       |                                  |                                    |      |                 |                   |        |                       |   |   |                     |                               |  |  |
|   | VIK  | IVI                  | акс       | Widdei               | 3     | tyle        | Color                            |                                    |      | 15              |                   |        | v III                 |   |   |                     |                               |  |  |
| R<br>S<br>N<br>V<br>O<br>L<br>V<br>E<br>D                         |  | DATA OMITTED         |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       |   |   |                     |                               |  |  |
| Status  | L = L  | ost S                | = Stolen  | R = Recovered        | D =   | Damaged     | Z = Seized                       | B = Bı                             | rned | C = C           | ounterfeit / F    | orged  | F = Found             | 1   |   |                     |                               |  |  |
| Codes   | (Chec<br>Victim  |                      | column    | if recovered for oth | er ju | risdiction) |                                  |                                    |      |                 |                   |        |                       |   |   |                     |                               |  |  |
| -<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br> | # DCI Status Value OJ QTY                                      |                      |           |                      |       |             | Property Description             |                                    |      |                 |                   |        |                       | Mak   | e/Mode  |                     | erial Number                  |  |  |
|   |  | 17 7 2 BOXES WITH GO |           |                      |       |             |                                  |                                    |      | FOLD JEWELRY    |                   |        |                       |   |   | DATA OMITTED<br>FOR |                               |  |  |
|   |  |                      |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       |   |   | I                   | NFORMATION                    |  |  |
|   |  |                      |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       |   |   |                     | SECURITY                      |  |  |
| 0   |  |                      |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       |   |   |                     | PURPOSES                      |  |  |
| Р <sup>-</sup><br>Е -   |  |                      |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       |   |   |                     |                               |  |  |
| R<br>T  |  |                      |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       |   |   |                     | NLY THE FIRST                 |  |  |
| Y ·   |  |                      |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       |   |   | 1112                | ITEMS ARE                     |  |  |
| -   |  |                      |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       |   |   | Ι                   | DISPLAYED ON                  |  |  |
| -   |  |                      |           |                      |       |             |                                  |                                    |      |                 |                   |        |                       |   |   |                     | P2C REPORTS                   |  |  |
| -   | Numb   | er of V              | ehicles S | tolen 0              | N     | mber Vah    | cles Recovere                    | d 0                                |      |                 |                   |        |                       |   |   |                     |                               |  |  |
|   | Office   | r                    |           | I                    | D#    | anoer veill | Officer Sig                      | -                                  |      |                 |                   |        | Supervisor            | Signatu   | re  |                     |                               |  |  |
| ID  |  |                      | V. (152)  |                      |       |             |                                  |                                    |      | Case Dire       | ition             | SOME   | RVILL                 | E, T. J   | I. (1603)   | 5)                  |                               |  |  |
| Status  | Comp   | iainant              | Signatur  | e                    |       |             |                                  | her Investigation Unfounded Dcated |      |                 |                   |        |                       | Refuse  | fuse to Cooperate   |                     |                               |  |  |
|   |  |                      |           |                      |       |             |                                  |                                    |      | sted            | $\square$ Death o |        |                       |   |   | eclined             | Page 1                        |  |  |