I N	Agenc	y Nam		NSTON-SALEN	OLICE	. IN	INCIDENT/INVESTIGATION								OCA 2441444					
C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s		Att At Found SMTWTFS Month Day Yr Time								11 16 2024 21:52 Hrs. Last Known Secure SMT WTFS Month Day Yr Time							
N T	#1			Discharging F	ireai	rm		_	Com	Month	I			lime 1:52 Hrs				" _{Yr} ∟ 2024∣	Time 21:51 Hrs.	
D	#2	Crime I	ncident						-	Locatio	n of	f Incident					•		Offense Tract	
A T	Crime Incident Com 2300 Bowen Bv, Winston-salem																	Pasidan	ce Type	
A	#3	Jillie I	ncident			Com	Tiennse	ı y	pe				- 1			y □Multi Family				
МО			d or Con MITTEI				Forcible Yes						Weapon / Tools							
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unkno Internal Unconscious Other Major															_				
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Ra															Sex	Relati	onship	Resident Status	
C T	V1		DA	ΓΑ OMITTED				Crime #								To Of	fender	☐ Resident ☐ Non-Residen		
I M									1,							Unknown				
	Home Address DATA OMIT									ГТЕD						Home Phone				
	Employer Name/Address DATA OMI									TTED					Business Phone					
	VYR	Color Lic/Lis Vin							Vin											
H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim		Status		Property Description								Mal	Jake/Model Serial Number						
								CARMS/AMMUNITION							IVICI	C/ 141C	<u>Jaci</u>		TA OMITTED	
P - R - O		13 EVID 8 (40) FIREARMS/AMMUNITION													FOR					
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ID	Office:	Officer Sig	Officer Signature Supervisor Signature STUMP, J. K									4 <u>9</u> 22)								
	Complainant Signature Case Stat									Case Disposition:							_ F :	P.C. D. P. C.		
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ıred				by A	Loc rest rest by And] Refuse other Ag	gency	Coopera	ite	Page 1	