I N	Agenc	y Name		NSTON-SALE!	M P	OLICE	IN	CIDENT/INVESTIGATION						OCA 2441655							
I C	ORI	NC	NC 02.	40200				REPORT						Date / Time Reported S M T W T F Month Day Yr Time 11 18 2024 15:59 Hrs							
D E	NC NC 0340200									A 4 E 1	Idl	l 마 w	 메티이	11		18 20	024	<i>15:</i> <u>₩</u> т			
N	#1 Crime Incident(s) Communicating Threats -intimidation, Non Physical										Day Yr	Т	T F S			n Secure Day Yr		Time	•	_	
Τ.			<i>inicatii</i> ncident	ig Inreats -intil	піас	anon, No	on Physicai		-			4 15	:59 Hrs	11	1	8 202		15:5		s.	
D	#2	omic i	neident					_	☐ Att Location of Incident Com 600 W Fourteenth St, Winston-						-salem NC 27105 Offense Tract						
A T	#3	Crime I	ncident					Att Premise Type						Victim Residence Type							
A	#3							Com					☐ Single Family ☐ Multi Family								
МО	How Attacked or Committed DATA OMITTED									Forcible ☐ Yes ☐ No						Weapon / Tools					
	# of V	ictims	Туре	Dancon	_	Dusinass				Injury	☐ None			Loss o	f Toot	h Dru	o/Alc	ohol l	Use:	\dashv	
		icums			_	Business	inancial Institu	ute		1	Broken Bone	s \square M					_		Unknow	n	
V	T ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ No ☐ N																				
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Sex	Relations	hip	Resid	ent Stati	us	
T	V1 DATA OMITTED														To Offen			esident on-Resid	leni		
I M ·												B			M				nknown		
141	Home	Addre	SS			D.	ATA OMI	TTED							Home Phone						
·	Employer Name/Address DATA OMI								TTED					Business Phone							
,	VYR	VYR Make Model Style					Color		Lic/l	Lis	Vin										
T H E R S I N V O L V E D	DATA OMITTED																				
Status															_						
Codes	Victim		column	ir recovered for oth	ĺ														\dashv		
P - R - O P -	# DCI Status Value OJ					QTY		Property Description				Mak	e/Mo	del Serial Nu DATA Ol				-			
														DAI	FO		_				
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E - R																	ONL	Y TH	IE FIRS	Т	
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																	P2	C RE	PORTS		
_																				_	
			ehicles S			mber Vehi	cles Recovere														
ID	Office CHI		$C = \frac{1}{C}$	ID 15469))#		Officer Sig	nature					Supervisor	or Signature							
ID	CHEEK, D. C. (15469) Complainant Signature Case Statu														ER, J. C. (14943)						
Status	Comp		~1511dtu1	-			☐ Further ☐ Closed ☐ Closed	Investive /Cleare	d	on	☐ Unfoun☐ Cleared☐ Cleared	ded by Ar by Ar	Locarest Drest by Anonder	Refuse ther Ag	gency	ooperate			Decline ge 1	;d —	