I N	Agency Name WINSTON-SALEM POLICE									ICIDENT/INVESTIGATION						OCA 2442343			
C I	ORI	NC			1	REPORT							Date / Time Reported S M T W T F S Month Day Yr Time						
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found SMTWTFS Month Day Yr Time						last Known Secure SMTWTFS Last Known Secure SMTWTFS			
N T	#1			Drug Viola	tion	S		_	Com	Month 11	D			ime 5:41 Hrs				Time 15:40 Hrs.	
D	#2	Crime I	ncident	nhomedia Usis					Incident				NC		Offense Tract 323				
A T	#3	Crime I	ncident	phernalia- Usir	ent		Com Att	Premise			l BV,	Winston-	saiem		Victim Reside				
A				tion Of City/cou	nty	Ordina	псе		Com					·		_		ly □Multi Family	
MO			d or Con MITTEI											Forcible ☐ Yes ☐ No	X N/A	We	apon / Tools		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
V	1			ciety Governm ligious L.E. Of			Financial Instituty		know	. –	-	roken Bon		Severe	Lacera Other		. –	es Unknown	
I		Victim/		Name (Last, First,	aty 🔲 Otto	21/ ()11						B / Age	Race	<u> </u>	Relationship	Resident Status			
C T	V1		DA	ΓΑ OMITTED	Crime #								To Offender	☐ Resident ☐ Non-Resident					
I M									1,2,3						Unknown				
	Home Address DATA OMI									ГТЕD						Home Phone			
	Employer Name/Address DATA OMI								ГТЕD						Business Phone				
,	VYR	M	ake	Model	St	tyle	Color		Lic	c/Lis				Vin					
H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
Cours	Victim		Status	Value		Property Description							Mak	e/Mo	ndel So	erial Number			
	# DCI Status Value OJ QTY 11 6 1 BINDL														IVICI	C/ 1VIC		ATA OMITTED	
- P -																	TN	FOR FORMATION	
																	11	SECURITY	
R O																		PURPOSES	
P :																			
R.																		VE PROPERTY	
T Y				+													1 WEL	ITEMS ARE	
																	D	ISPLAYED ON	
																	I	2C REPORTS	
-		-		. 1				1											
	Numb		ehicles S	tolen 0		mber Veh	icles Recovere		0 e				1	Supervisor	Signati	ıre			
ID	PHI		МСКА								Signature <i>UGHAN</i> , A. M. (14884)								
	Complainant Signature Case State									tion		Case Dispo		□ Loc	ated		□ Ext	radition Declined	
Status							☐ Inact	tive /Clea	ıred			Cleared	l by A	rrest Esc rrest by And] Refuse other Ag	gency	looperate	Page 1	