| I N C | Agenc | y Name | | NSTON-SALE | 1 P | OLICE | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2442813 | | | | | |
|---|---|---------------------------|-----------------|--------------------------------------|-----------------------|--------------------|-------------------------------------|----------------------|----------|---|--------------------------|----------------------------|-----------------|----------------------|--------------------------------|-----------------------|----------|---------------------------------|--|
| I | ORI | NC | NC 034 | 40200 | | | | | | KEF | JKI | | | | | Reported Day Yi | | T $lambda$ T F S $1:04$ Hrs. | |
| D E | | | ncident(s | | | | | tt | At Found | SI | | T F S | 11 Last | | | 24 <i>I</i> s m | | | |
| N | #1 | | | , Trespassi | ทอ | | | DX C | · I i | Month | Day Yr | ` Т | 'ıme | | | n Secure Day Yr | Tir | ne | |
| T . | #2 | Crime I | ncident | Trespassi | 118 | | | □ A | _ | | 27 2024 of Incident | 4 11 | :04 Hrs | s 11 | | | | :04 Hrs . nse Tract | |
| D A | Com 2299 Cloverdale Av, Winston-salem | | | | | | | | | | | | | | VC 2 | 7103 | 3 | 12 | |
| T | #3 | #3 Crime Incident | | | | | | | | | | | | | Victim Residence Type | | | | |
| A | ☐ Com | | | | | | | | | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | | | | | | | | | | | | | Forcible Yes | X N/A | Weapon / Tools | | | | |
| | | | | | | | | | | | | | | | | | | | |
| V | # of V | ictims | Type | Person | _ | Business | | | | Injury | None | \square M | |] Loss o | | _ | Alcoho | | |
| | 2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major | | | | | | | | | | | | | | | _ | | | |
| I | | Victim/ | | Name (Last, First, | | | , | 71, C IIIC | 10 1111 | · L | Victim of | | 3 / Age | - | | Relationshi | p Res | ident Status | |
| C T | V1 | | | | | , | | | | | Crime # | | .,8- | | | To Offende | r 🗀 1 | Resident | |
| I | · 1 | | DA | TA OMITTED | | | | | | | 1, | | | | | | . — | Non-Residen Unknown | |
| M | Home Address | | | | | | | | | | | | | | | Home Phone | | | |
| | | | /4.11 | | | | ATA OMI | | | | | | | | | | | | |
| | Emplo | oyer Na | me/Add | ress | | D. | ATA OMI | TA OMITTED | | | | | | | Business Phone | | | | |
| , | VYR | M | ake | Model | Color Lic/Lis Vii | | | | | | Vin | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered if recovered for other | D = er jur | Damaged isdiction) | Z = Seized | B = E | Burne | $\mathbf{d} \mathbf{C} = \mathbf{C}\mathbf{c}$ | ounterfeit / F | Forged | F = Foun | ıd | | | | | |
| | Victim # | DCI | Status | Value | Property Description | | | | | | | Mak | ce/Mo | del | Serial N | Number | | | |
| P - R . | т | # DCI Status Value OJ QTY | | | | | | Troperty Bescription | | | | | | | 10,1110 | | | OMITTED | |
| | | | | | | | | | | | | | | | | | | FOR | |
| | | | | | | | | | | | | | | | | | | MATION | |
| | | | | | _ | | | | | | | | | | | | | URITY | |
| O P . | | | | | _ | | | | | | | | | | | | PUR | POSES | |
| E · | | | | | _ | | | | | | | | | | | | NII XZ T | FILE EIDOT | |
| R T Y | | | | | \dashv | | | | | | | | | | | | | THE FIRST PROPERTY | |
| | | | | | \dashv | | | | | | | | | | | 1 **1 | | MS ARE | |
| | | | | | | | | | | | | | | | | | | AYED ON | |
| | | | | | \dashv | | | | | | | | + | | | - | | EPORTS | |
| | | | | | \dashv | | | | | | | | | | | | | | |
| • | Numb | er of V | ehicles S | tolen 0 | Nur | mber Vehic | cles Recovere | d 0 |) | | | | | | | | | | |
| | Office | | 7 /155 | ID | # | | Officer Sig | nature | | | | | Supervisor | Signat | ure | | | | |
| ID | | | V. (152) | | | | G G() | (0) | | | | | | | | | | | |
| Status | Comp | iainant | Signatur | e | | | Case Status Further Inact Closed | Investive /Cleare | ed | on | Case Dispos | ided l by Ar l by Ar | rest by And |] Refuse other Ag | gency | Expooperate Declined | | on Declined Page 1 | |