| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | | NCIDENT/INVESTIGATION | | | | | | OCA 2442954 | | | |
|--|--|-----------------|----------------------|-------------------------|--|--------------------|--------------------------|--------------------------|--------------|-----------------------|--------------|--|--|---|------------|--------------------------|-----------------------------|--|--|
| C . | ORI | NC | | | | | - | REPORT | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | | NC 034 | | <u> </u> | Att At Found SMTWTFS Month Day Yr Time | | | | | | | 11 28 2024 13:26 Hrs. Last Known Secure SMTWTFS Month Day Yr Time | | | | | | | |
| N T | #1 | | | , ng Threats -intin | nidat | ion, No | n Physical | | Com | Month 11 | | | Time 3:26 Hrs | | | Day Yr | Time 13:25 Hrs. | | |
| D. | | | ncident | | | | | | | Location | of Incident | | | | | | Offense Tract | | |
| A T | | 'rime I | ncident | | | | | _ | Com | 855 Ho | | l Bv, V | Vinston-sc | ılem N | | 7103 Victim Resider | 322 | | |
| A | #3 | | | | | | | ☐ Att Premise Type ☐ Com | | | | | | ☐ Single Family ☐ Multi Family | | | | | |
| МО | | | d or Com | | | | | | Forcible Yes | | | | | Weapon / Tools | | | | | |
| V | # of V | ictims | Type | X Person | □ B | usiness | | | | Injury | □ None | e 🗆 N | _ | Loss o | f Tee | th Drug/Al | cohol Use: | | |
| | 1 | | | | | | | | | | | | | | | _ | | | |
| I | Victim/Business Name (Last, First, Middle) Victim / Business Name (Last, First, Middle) Victim / Business Name (Last, First, Middle) | | | | | | | | | | | | | | | Relationship | Resident Status | | |
| C T | V1 DATA OMITTED | | | | | | | | | | Crime # | | 24 | | | To Offender | Resident □ Non-Resident | | |
| I M · | | | | | | | | | | | 1, | | | W | M | 1RU | Unknown | | |
| | Home Address DATA OM | | | | | | | | | TTED | | | | | Home Phone | | | | |
| | Employer Name/Address DATA OM | | | | | | | | (TTED | | | | | Business Phone | | | | | |
| • | VYR Make Model Style | | | | | | Color | | Lic | e/Lis | | | Vin | | | | | | |
| T H E R S I N O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column i | R = Recovered for other | D = D r juris | amaged diction) | Z = Seized | B = | Burn | ed $C = C$ | ounterfeit / | Forged | F = Foun | d | | | | | |
| | Victim # DCI Status Value OJ QT | | | | | QTY | Property Description | | | | | | | Mak | e/Mo | odel Se | rial Number | | |
| - - P - R | | | | | | | | | | | | | | | DA | TA OMITTED | | | |
| | | | | | + | | | | | | | | | | | IN | FOR FORMATION | | |
| | | | | | | | | | | | | | | | | | SECURITY | | |
| O P - | | | | | | | | | | | | | | | | | PURPOSES | | |
| Ē - | | | | | _ | | | | | | | | + | | | ON | LY THE FIRST | | |
| R T | | | | | - | | | | | | | | | | | | VE PROPERTY | | |
| Y | | | | | | | | | | | | | | | | | ITEMS ARE | | |
| | | | | | | | | | | | | | | | | | SPLAYED ON | | |
| - | | | | | \dashv | | | | | | | | | | | P | 2C REPORTS | | |
| - | Numb | er of V | ehicles S | tolen 0 | Num | ber Vehic | cles Recovere | d | 0 | | | | | | | | | | |
| 75 | Office | r | | ID | | | Officer Sig | | _ | | | | Supervisor | | | A M /1400 | 1) | | |
| ID | | | S, C. K. Signatur | (16316) | | | Case Status | | | | | | | KAUĞHAN, A. M. (14884) | | | | | |
| Status | Comp | | ~ignatul(| - | | | ☐ Further☐ Inact☐ Closed | r Inve ive /Clea | ared | | ☐ Unfor | unded ed by A ed by A | rrest Loc rrest Loc rrest by And | Refuse other Ag | gency | ooperate | Do no 1 | | |
| | | | | | | | ☐ Closed | /Leac | ds Exl | nausted | □ Death | of Off | ender 🗆 | 1 Prosec | cution | Declined | Page 1 | | |