I N	Agenc	y Namo		NSTON-SALEN	CID	CIDENT/INVESTIGATION						OCA 2443204											
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								Il 30 2024 21:29 Hrs. Last Known Secure SM T W T F SM M T W T F SM T W T T I ME										
N T	#1	Common Law Robbery-strongarm							n Month Day Yr Time 1 X Com 11 30 2024 21:29 H									Month Day Yr Time					
D	#2 Crime Incident															Offense Tract 113							
A T	#3 Crime Incident ☐ Com 864 Ewing St, Winston-salem NC 27															Victim Residence Type							
A	#3					Com						☐ Single Family ☐ Multi Family											
МО			d or Con MITTEI		Forcible ☐ Yes ☐ No						☐ Yes [
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																						
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major															iown							
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race	Sex	Relation To Offer		Resident S				
T I	V1 DATA OMITTED Crime #													18	W	M	1ST,2	- 1	Non-Re	esiden			
M	Home	Addre	ess									1,					ne Phone	231	☐ Unkno	wn			
			ГТЕ	ГЕО																			
	Emplo	oyer Na	ame/Add	ress	ITED						Business Phone												
,	VYR Make Model Style Co							Color Lic/Lis Vin						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	R = Recovered if recovered for other	D = E er juri:	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = 0$	Cou	nterfeit / F	orged	F = Found	d								
	Victim #	DCI	Status		Property Description							Make/Model Serial Number											
		26 7,5 1 XBOX CONS														ROSOFT/Seri DATA OMITTED				ΓED			
P - R		26	5			1 .	XBOX CONSO	ONSOLE							MICRO	ROSOFT/Seri FOR INFORMATION							
																			SECURITY				
ο .]	PURPOSE	S			
P .					_													0)1	N. THE E	TD OTT			
R T					_												T		Y THE FI E PROPE				
Y ·					-												1		TEMS AR				
•																		DIS	SPLAYED	ON			
																		P2	C REPOR	TS			
-	Numb	er of V	ehicles S	tolen 0	Num	her Vehi	cles Recovere	d	0														
	Office	r		ID		ioci v Cili	Officer Sig		-					Supervisor			/ = = = :	7 \					
ID			C. J. (Case Status	WIL.							LIAMS, K. A. (15631)										
Status	Comp	iaiiidiil	Signatur				☐ Further ☐ Inact ☐ Closed										_	dition Dec	lined				