I N	Agenc	WIN	IN	INCIDENT/INVESTIGATION							OCA 2443227								
C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported S M T W T F S Month Day Yr Time			
D E			ncident(s			Att At Found SMTWTFS Month Day Yr Time								12   01   2024   01:32   Hrs.					
N T	#1			Discharging F	`irea	ırm		_	Com	Month 12	D			ime :32  Hrs			Day Yr	Time $01:31$ Hrs.	
D	#2	Crime I	ncident						- 1	Location	of	Incident						Offense Tract	
A T		'rime I	ncident				_	Com 454 E Monmouth St, Winston-salem NC 27127 Att Premise Type Victim Resi								412 lence Type			
A	#3	Jime I	nerdent						Att Com	1 Tellinse	Typ					- 1		nily □Multi Family	
МО			d or Com MITTEE								Forcible Yes	X N/A	We	apon / Tools					
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															Alcohol Use:			
	1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major															_			
V I		Victim/		Name (Last, First,			ity U Otne	er/Un	iknow	n	_	ernal   Victim of		S / Age	Race				
C T	V1								Crime #		- 7 8 -			To Offende	r Resident				
I M	DATA OMITTED																	☐ Non-Resident☐ Unknown	
171	Home Address DATA OMI									TTED						Home Phone			
	Employer Name/Address DATA O															Business Phone			
,	VYR Make Model Style						Color Lic/Lis Vin							Vin					
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)																		
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	odel :	Serial Number	
- - P -	π	# 201 Status Talue 03 Q11													11141	.0, 1,10		OATA OMITTED	
																	,	FOR	
					$\dashv$													INFORMATION SECURITY	
R O					_													PURPOSES	
P :																			
R																		NLY THE FIRST	
Т Ү.					_												TWE	LVE PROPERTY	
1																	1	ITEMS ARE	
-					$\dashv$													DISPLAYED ON P2C REPORTS	
			ehicles S			nber Vehi	cles Recovere		0										
ID	Office: MEI		O, O. J	ID 7. (16254)	Officer Sig	Officer Signature Supervisor Signature COLLIER, L. E									 (15465)				
	Complainant Signature Case Sta									Case Disposition:						- • (			
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by Ar	Test by Ander	Refuse other Ag	gency	ooperate	Page 1	