I N	Agenc	y Name		NSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2443292			
C	ORI	NC	NC 034	10200			REPORT							Date / Time Reported SMTWTFS Month Day Yr Time			
D E			ncident(s				☐ Att At Found							12 01 2024 17:19 Hrs. Last Known Secure S M T W T F S			
N T	#1			, Aggravated A	ılt		Att At Found S M T W T F S I M T W T F							ast Known Secure SMTWTFS onth Day Yr Time 12 01 2024 17:18 Hrs.			
D	#2	Crime I	ncident					Att Location of Incident Offen									Offense Tract
A T	Crime Incident Com 2890 Carriage Dr, Winston-salem .																113
A	#3	Jillie i	neident					☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family			
МО			d or Com										Forcible Yes	N/A	Wea	apon / Tools	
																l 1 - 1 T I	
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																
	1		☐ Rel	igious 🔲 L.E. Off	ïcer I	Line of Du			know				nscious	Other	Majo	r 🛛 🗖 No	N/A
I C		Victim/	Business	Name (Last, First,	Midd	le)		Victim of Crime #				B / Age 28	Race		Relationship To Offender	Resident Status Resident	
T I	V1		DA	ΓA OMITTED				1,					20	$\mid_{B}\mid$	$_{F}$	10K	☐ Non-Resident
M	Home	Addre	ss			4.T.4. 03.FT								ne Phone	Unknown		
	Emple	over Na	me/Add	*P66			ΓA OMITTED						Business Phone				
						ATA OMITTED							Dusiness Filone				
	VYR	M	ake	Model	Sty	/le	Color		Lic	:/Lis			Vin				
O T H E R S I N V O L V E D		DATA OMITTED															
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit /	Forged	F = Found	1			
	Victim # DCI Status Value OJ QTY						Property Description							Mak	ke/Mo	del Se	rial Number
- - P - R													DA	TA OMITTED			
					\dashv											IN	FOR FORMATION
					_												SECURITY
O P -																	PURPOSES
Р Е -																	T I T T T T T T T T T T T T T T T T T T
R T					_												ILY THE FIRST VE PROPERTY
Y ·					\dashv												ITEMS ARE
					_												ISPLAYED ON
																P	2C REPORTS
					\prod												
	Numb Office:		ehicles S	tolen 0		nber Vehic	Cles Recovere		0 e				Supervisor	Signat	ure		
ID	CRU	JISE,	A. R. (1			Officer Sig	Officer Signature Supervis MAT.							or Signature CISON, G. M. (15167)			
	Comp	lainant	Signatur	e		1	Case Status Case Disposition:								□ Evt	adition Declined	
Status							☐ Inact	ive /Clea	red		☐ Cleare	d by A d by A	rrest D	Refuse ther Ag	gency	ooperate	Page 1