I N	Agenc	y Nam		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2443587								
C I	C REPORT														Date / Mon	Time	e Reporte	i S Yr	1 1-1	TFS	
D E	10						A++ 1	At Fou	nd	Isla	d-rl w	TFS	12		03 2	024		ne 15 Hrs. VTFS			
N T	N #1 Month Day Yr Time																vn Secure Day Y 03 20	r 💳	Time 19:44		
	#2	Crime I	ncident	Discharging 1	irea	1111			_	12 Locatio	_	f Incident	4 15	9:45 1118	P 12	(<i>J</i> 3 20		Offense		
D A	Com 1824 N Jackson Av, Winston-salem NC 27105																	223			
T A	#3	Crime I	ncident		Premise	Premise Type					Victim Residence Type ☐ Single Family ☐ Multi Family										
МО	How Attacked or Committed DATA OMITTED Forcib														e Weapon / Tools						
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															se:					
	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major																				
V I		Victim		Name (Last, First,			uty 🔲 Othe	er/Un	iknow	'n [] Ir	victim of		scious E	-	r Major					
C T	V1														Race	SCA	To Offer	ider	☐ Res	ident	
I	` -		DA	ΓA OMITTED								1,							□ Non	n-Resident	
М	Home Address DATA OMITTED													Home Phone				uiowii			
	Employer Name/Address DATA OMI															Business Phone					
	VYR	Color Lic/Lis Vin							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 if recovered for other	D = D er juris	Damaged sdiction)	Z = Seized	B =	Burn	ed C=	: Co	unterfeit / F	Forged	F = Foun	ıd 						
	Victim #	DCI	Status			<u> </u>	Descript					Mak	Make/Model Serial Number								
_									CARMS/AMMUNITION							DATA OMITTED					
		13 EVID 1 (9MM) FIREARMS/AMMUNITION									WIN FOR INFORMATION										
Р.					+														SECUR		
R O																			PURPO		
Р.																					
E ·																		ON	LY THE	E FIRST	
T																	TV			PERTY	
Υ .																			ITEMS		
					+														SPLAY		
-					+													P.	C REP	0K13	
•	Numb	er of V	ehicles S	tolen 0	Num	ber Vehi	cles Recovere	d	0					<u> </u>							
	Office	r		ID			Officer Sig		-					Supervisor	Signat	ure	40221				
ID	SHOEMAKER, T. G. (16282) Complainant Signature Case State									<u> </u>						MP, J. K. (14922)					
Status	Comp	iaiiiäNt	əigiiatur	U			☐ Further ☐ Closed ☐ Closed	r Inve tive /Clea	ared			☐ Unfoun ☐ Cleared ☐ Cleared	ided l by Ai l by Ai	Loc rrest rrest by Ander] Refuse other Ag	gency	Cooperate		ndition I	Declined e 1	