I N	Agency Name WINSTON-SALEM POLICE								CIDENT/INVESTIGATION					OCA 2443756				
C	ORI									REPORT					Date / Time Reported SMTMTFS Month Day Yr Time			
D			NC 034											12   04   2024  15:48 Hrs.				
E N	#1	Crime I	ncident(s						- 1	At Found Month	Day Yr	1 T ₩	T F S	Last k Mont	know h D	n Secure Say Yr	M T ₩ T F S Time	
T		Tuinna I	ncident	Larceny- All	Oth	ier		[X] (	-	12	04   2024 of Incident	4   10	0:30  Hrs	12	0		10:13  Hrs.	
D	#2	ınme i		ning Money By	Fal	so Proto	nso		Att Com		ecan Ln, V	Winst	on-salem	NC 27	7284	l l	Offense Tract 214	
A T														110 27		ictim Resider		
A	#3								Com							] Single Famil	y □Multi Family	
МО			d or Con										Forcible Yes	X N/A	Weapon / Tools			
																1 177		
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		. –	ligious   L.E. Of		_			know		Internal		Severe	Lacerati Other I	ions Majoi		_	
I	Victim/Business Name (Last, First, Middle)   Victim of DOB / Age														Sex	Relationship	Resident Status	
C T	V1		DA'	ГА ОМІТТЕО							Crime #		74			To Offender		
I M				IN OWITHED							1,2			W	M	1RU	Unknown	
141	Home Address DATA OMIT									ΓΤΕD					Home Phone			
	Employer Name/Address DATA OMI														Business Phone			
	VYR   Make   Model   Style   Color												Vin					
T H E R S I N V O L V E D		DATA OMITTED																
Status Codes	L = Le (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for oth	D = er ju	Damaged risdiction)	Z = Seized	B =	Burn	C = C	ounterfeit / F	orged	F = Found	d				
	Victim # DCI Status Value OJ QTY							Property Description						Make	e/Mo	del Ser	rial Number	
P - R - O P - R - T Y -	1	"						X								DA	TA OMITTED	
	1	65	7				DRIVER`S LIC							VC VC			FOR	
	1	65	7					ONCEAL CARRY PERMIT									FORMATION	
	1	09	7				DEBIT CARD							TRUIST			SECURITY	
	1	09	7				CREDIT CARD  CREDIT CARD							CHASE SLATE			PURPOSES	
	1	77	7				MEDICAL INSURANCE CARD							HUMAN	7 <b>A</b>	ON	LY THE FIRST	
	1	77	7				FISHING LICENSE							TOMAIN	71		VE PROPERTY	
	1	20	7				MONEY/CASH								ITEMS ARE			
	-						17017217 01101							DISPLAYED ON				
																2C REPORTS		
•																		
			ehicles S	Stolen 0	Nu	mber Veh	icles Recovere	d	0									
ID	Officer		L. (158	II (808)	<b>)</b> #		Officer Sig	natur	е				Supervisor STIIMI	Signatu D <i>I K</i>	re (14	(922)		
ID			L. (136 Signatur				Case Statu	STUMP, J. K. (14922) s Case Disposition:										
Status	- omp		<u>-</u>				☐ Furthe: ☐ X Inact ☐ Closed	r Inve tive /Clea	red		☐ Unfoun☐ Cleared☐ Cleared	ded by Ai by Ai	Locarrest	Refuse ther Ag	ency	ooperate	Page 1	