I N	Agenc	y Name		VSTON-SALEN	OLICE	IN	NCIDENT/INVESTIGATION						OCA 2444078							
I C	C ODI REPORT														Date / Time Reported S M T W T F S Month Day Yr Time					
D E	10		ncident(s			T F S	12 08 2024 00:56 Hrs													
N T	#1		ioraem(o	, Drug Violat	_	Att At Found S M T W T F S Last Known S Month Day Yr Time Last Known S Month Day Yr Time 12 08									ay Yr Time					
D.	#2	Crime I	ncident			- 1	Location	of I	Incident					•		ffense Tra				
A T		'rime I	ncident						Com	899 S			Wal	nut St, W	inston	n-salem NC 412 Victim Residence Type				
Ā	#3						Com	Tromingo .	- J P						Single F		• 1	Family		
МО			d or Com MITTEE					-					Forcible Yes No	X N/A	We	apon / Too	ols			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major No N/A															iown				
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Ra														Race	<u> </u>	Relations	hip I	Resident S	
C T	V1 DATA OMITTED																To Offen		☐ Reside: ☐ Non-Re	
I M ·												1,				Unkno				
	Home Address DATA OMI									ГТЕD						Home Phone				
•	Employer Name/Address DATA OM									ITTED						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																				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number				r
_	"	The system First												DAT	А ОМІТТ	ΓED				
P - R - O					_													INE	FOR ORMATI	ON
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-	Numb	er of V	ehicles C	tolen 0	Num	nher Voh	oles Pagaziona	d	0											—
	Officer ID# Officer Signature Supervisor Signature														$\overline{}$					
ID	HAR	RELI		(16306)		COL							LIER, L. B. (15465)							
Status	Compl	ainant	Signatur	ċ		☐ Inact	☐ Further Investigation ☐ Unfounded ☐ Located ☐ ☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperat ☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency							ooperate		lition Dec				
							☐ Closed	/Lead	is Ext	nausted	I r	□ Death o	t Offe	nder 🗆	1 Prosec	utior	 Declined 	1	Page 1	1