| I N | Agenc | y Name | | VSTON-SALEN | OLICE |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2444080 | | | | | | |
|---|---|-----------------|--------------------|-------------------------------------|--|-------------------|------------------------|--|-------|------------|-----|---|--|-------------------|-----------------------|---|------------|------------------|-----------------------|--|
| C | ORI | NC | NC 034 | 10200 | | | 1 | REPORT | | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | |
| D E | | | ncident(s | | Att At Found SMTWTFS Month Day Yr Time | | | | | | | | 12 08 2024 02:11 Hrs. Last Known Secure S M T W T F S M T W T F S | | | | | | | |
| N T | #1 | | iioidoiii(s | , Discharging F | `irea | ırm | | ı — | Com | Month 12 | Da | | | ime 2:11 Hrs | | | | Time 4 02:1 | 3 | |
| D | #2 | Crime I | ncident | | | | | | - | Location | _ | | 1 U2 | 11 | 12 | | 0 202 | Offens | | |
| Α | Com 718 Essex Rd, Winston-salem NC 27 | | | | | | | | | | | | | | | | 7' - ' B | 12. | | |
| T A | #3 | Jrime I | ncident | | Att Premise Type | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | | | | |
| МО | | | d or Con MITTEI | | | | | | | | | | | Forcible Yes No | X N/A | We | apon / Too | ls | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Use: | | | | |
| 3.7 | 1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major | | | | | | | | | | | | | | | | | | | |
| V I | | Victim/ | | Name (Last, First, | | | пу 🔲 Оппе | 21/ ()11 | KIIOW | 11 | _ | ernal [| | 3 / Age | Race | | | <u>_</u> | N/A lent Status | |
| C T | Crime # | | | | | | | | | | | | | | | | To Offeno | ler 🖂 Ro | esident | |
| I | | | DA | IA OMITTED | | | | | | | | 1, | | | | | | | on-Resident nknown | |
| M | Home Address DATA OMI | | | | | | | | | TTED | | | | | | Home Phone | | | | |
| | Employer Name/Address DATA | | | | | | | A OMITTED | | | | | | | | 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 = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered f recovered for other | D = I r juri | Damaged sdiction) | Z = Seized | B = | Burn | ed $C = C$ | Cou | nterfeit / F | orged | F = Foun | d | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | e/Mo | del | Serial Nu | ımber | |
| P - R - O | | | | | | | | | | | | | | DATA O | | | | | | |
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| | Numb | er of V | ehicles S | tolen 0 | Nun | nber Vehic | cles Recovere | d | 0 | | | | | | | | | | | |
| ID | Office: | | A (16 | ID | Officer Signature Supervisor Signature WILLIAMS, K. A. (15631) | | | | | | | | | | | | | | | |
| ID | MABE, J. A. (16209) Complainant Signature Case S | | | | | | | | | | | | | | MAINIS, K. A. (13031) | | | | | |
| Status | | | - | | | | ☐ Inact | ☐ Further Investigation ☐ Inactive ☐ Closed/Cleared ☐ Closed/Leads Exhausted ☐ Death of Offender ☐ Prosecution ☐ Death of Offender ☐ Prosecution | | | | | | | ooperate | | Declined | | | |