| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | ICIDENT/INVESTIGATION | | | | | OCA 2444204 | | | | | |
|--|--|--------------|--------------------|----------------------|------------------|----------------------|--------------------------------------|----------------------|-----------------------|-----------------------------|--------------------------|--------|-----------------|----------------------------|--|---|-----------------------------|--|--|
| C | ORI | | | | | | | | | REPORT | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | | |
| I D | | NC | NC 034 | 40200 | | | | | | | | | | 12 09 2024 05:27 Hrs. | | | | | |
| E | Crime Incident(s) | | | | | | | | | ☐ Att | | | | | | Last Known Secure SMTWTFS Month Day Yr Time | | | |
| N T | #1 | | Break | ing & Entering | Wit | thout Fo | rce | X | Com | 12 | | | 5:00 Hrs | | | | Time $14:00$ Hrs. | | |
| D | #2 | Crime I | ncident | | | | | | - 1 | | of Incident | | • | | | | Offense Tract | | |
| A | | 7 | .1 . | | | | | _ | Com | | Fourteen | h St, | Winston-s | salem 1 | | | 112 | | |
| T A | #3 | rime i | ncident | | | | | | Att Com | Premise T | ype | | | | - 1 | ictim Resider Single Famil | ıce 1ype y ∏Multi Family | | |
| | How A | Attacke | d or Con | nmitted | | | | | | | | | Forcible | | _ | apon / Tools | , | | |
| MO | D | ATA O | MITTEI |) | | | | | | | | | ☐ Yes [☐ No | X N/A | | | | | |
| | # of V | ictims | Туре | M Darson | _ | Rucinace | | | | Injury | □ None | | _ | I oss of | Teet | h Drug/Al | cohol Use: | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | | | | |
| V | I | | ☐ Rel | ligious 🔲 L.E. Of | ficer | | outy Othe | er/Un | know | n _ | Internal 🔲 | Unco | nscious [| Other 1 | her Major No N/A | | | | |
| I C | ' | Business | Name (Last, First, | | | Victim of Crime # | 3 / Age | Race | | Relationship To Offender | Resident Status Resident | | | | | | | | |
| T | V1 DATA OMITTED | | | | | | | | | | | | 62 | | | | ☐ Non-Resident | | |
| I M | | | | | | | | | | | 1, | | | W | F | 1RU | ☐ Unknown | | |
| | Home Address DATA OMIT | | | | | | | | | ГТЕD | | | | | Home Phone | | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | | Business Phone | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | VYR Make Model Style C | | | | | | Color | | Lic | /Lis | | | Vin | | | | | | |
| H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | | |
| Status | L = L | ost S | = Stolen | R = Recovered | D _. = | Damageo | Z = Seized | B = | Burn | ed C = C | Counterfeit / l | Forged | F = Foun | d | | | | | |
| Codes | Victim | | | if recovered for oth | | Π | | | | | | | | | | | | | |
| P - R - O P - E - R T Y - | # DCI Status Value OJ QTY | | | | | | WALLET | Property Description | | | | | | Mak | e/Mod | | rial Number TA OMITTED | | |
| | 1 | 09 | 7 | | | | CREDIT CARD | | | | | | | CREDIT | EDIT 1 FOR | | | | |
| | 1 | 65 | 7 | | | | SOCIAL SECURITY CARD | | | | | | | VC | | IN | FORMATION | | |
| | 1 | 65 | 7 | | | 1 | IDENTIFICATION CARD | | | | | | | V <i>C</i> | | | SECURITY | | |
| | 1 | 09 | 7 | | | 2 | CREDIT CARDS | | | | | | | MAGE | | | PURPOSES | | |
| | 1 | 09 | 7 | | | 1 | CREDIT CARD | | | | | | | CAPITA | L 1 | | | | |
| | 1 | 09 | 7 | | | 1 | CREDIT CARD | | | | | | | BURLIN | GTO. | N` ON | LY THE FIRST | | |
| | 1 | 77 | 7 | | | 1 | EBT CARD | | | | | | | | TWELVE PROPERTY | | | | |
| | 1 | 09 | 7 | | | 1 | CREDIT CARD | | | | | | | DESTIN | Υ | | ITEMS ARE | | |
| | 1 | 09 | 7 | | | | CREDIT CARD | | | | | | | | TON | | SPLAYED ON | | |
| | 1 | 09 | 7 | | | | CREDIT CARD | | | | | | | |) | P | 2C REPORTS | | |
| - | 1 09 7 1 DEBIT CARD SECU Number of Vehicles Stolen 0 Number Vehicles Recovered 0 | | | | | | | | | | | | | | | | | | |
| | Numb Office: | | enicles S | | Nu)# | mber Veh | Officer Sig | | 0 | | | | Supervisor | Signatur | re | | | | |
| ID | | | L. (158 | | <i>)</i> # | | Officer Sig | ,natur | | | | | <u>MATTI</u> | SON, | $G_{\underline{M}}$ | <i>1.</i> (15167) | | | |
| | | | Signatur | | | | Case Statu | | | | Case Dispo | | | | | | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | tive l/Clea | red | | | l by A | rrest by And | Refuse ther Ag | ency | ooperate | Page 1 | | |