| I<br>N  | Agency Name WINSTON-SALEM POLICE   |         |                    |          |                      |          |                                      |                | INCIDENT/INVESTIGATION |          |      |                                     |            |                             |                                    | OCA 2444211                                       |                                 |   |  |
|---|--|---------|--------------------|----------|----------------------|----------|--------------------------------------|----------------|------------------------|----------|------|-------------------------------------|------------|-----------------------------|------------------------------------|---|---------------------------------|---|--|
| C   | ORI  | NC      |                    |          |                      |          |                                      | REPORT         |                        |          |      |                                     |            |                             |                                    | Date / Time Reported SMTWTFS<br>Month Day Yr Time |                                 |   |  |
| D<br>E  |  |         | NC 034             |          |                      |          |                                      |                | Att                    | At Four  | nd   | Isl≞                                | ITW        | TFS                         | 12<br>Last                         |   | 09   202                        | $24 \mid \stackrel{Time}{10:33} \; Hrs$ |  |
| N<br>T  | #1   |         |                    |          | Oth                  | er       |                                      | _              | Com                    | Month 12 | Γ    |                                     |            | T F S<br>Time<br>1:33   Hrs |                                    |   | n Secure<br>Day Yr<br>09   2024 | Time<br>  10:32  Hrs                    |  |
| D   | #2   | Crime I | ncident            |          |                      |          |                                      |                | Att                    | Locatio  | n of | Incident                            |            |                             |                                    | •   | •                               | Offense Tract                           |  |
| A<br>T  | Crime Incident Com 175 N Chestnut St, Winston-salem N  |         |                    |          |                      |          |                                      |                |                        |          |      |                                     |            |                             |                                    |   | 101<br>Victim Resid             | 411                                     |  |
| A   | #3   | iiiie i | ncident            |          |                      |          |                                      |                | Com                    | Tiennse  | туļ  | pe                                  |            |                             |                                    | - 1   |                                 | nily ∏Multi Famil                       |  |
| МО  |  |         | d or Con<br>MITTEI |          |                      |          |                                      |                | ·                      |          |      |                                     |            | Forcible  Yes  No           | X N/A                              | We  | apon / Tools                    |   |  |
| V   | # of V   | ictims  | Туре               | ∑ Person | _                    | Business |                                      |                |                        | Inju     | ry   | ☐ None                              |            | _                           | Loss o                             | f Tee   | th Drug/                        | Alcohol Use:                            |  |
|   | 1 Society Government Financial Institute Broken Bones Severe Lacerations Ves Unknow Internal Unconscious Other Major No NA                                     |         |                    |          |                      |          |                                      |                |                        |          |      |                                     |            |                             |                                    | _   |                                 |   |  |
| I   | Victim/Business Name (Last, First, Middle)  Victim of DOB / Age  |         |                    |          |                      |          |                                      |                |                        |          |      |                                     |            |                             | Race                               |   | Relationshi                     | p Resident Status                       |  |
| C<br>T  | V1   | DA      | ГА ОМІТТЕО         |          |                      |          |                                      | Crime #        |                        | 71       |      |                                     | To Offende | Resident  Non-Resident      |                                    |   |                                 |   |  |
| I<br>M  |  |         |                    |          |                      |          |                                      | 1,             |                        |          | В    | M                                   | 1RU        | Unknown                     |                                    |   |                                 |   |  |
|   | Home   | Addre   | ess                |          | ГТЕD                 |          |                                      |                |                        |          |      | Home Phone                          |            |                             |                                    |   |                                 |   |  |
|   | Employer Name/Address DATA OMI   |         |                    |          |                      |          |                                      |                |                        | TTED     |      |                                     |            |                             | Business Phone                     |   |                                 |   |  |
| ,   | VYR  | Color   |                    | Lic      | :/Lis                |          |                                      |                | Vin                    |          |      |                                     |            |                             |                                    |   |                                 |   |  |
| T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED   |         |                    |          |                      |          |                                      |                |                        |          |      |                                     |            |                             |                                    |   |                                 |   |  |
| Status<br>Codes   | L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction) |         |                    |          |                      |          |                                      |                |                        |          |      |                                     |            |                             |                                    |   |                                 |   |  |
|   | Victim<br>#  |         | Status             |          | Property Description |          |                                      |                |                        |          |      | Mak                                 | ce/Mo      | odel                        | Serial Number                      |   |                                 |   |  |
| P -   | 1  | "       |                    |          |                      |          |                                      |                | 1 7 1                  |          |      |                                     |            |                             | 1,141                              | 10, 1,10  |                                 | ATA OMITTED                             |  |
|   | 1  | 65      | 7                  |          | _                    |          | IDENTITY CARD                        |                |                        |          |      |                                     |            |                             |                                    |   |                                 | FOR                                     |  |
|   | 1  | 48      | 7                  |          |                      | 1        | BUS CARD                             |                |                        |          |      |                                     |            |                             | INFORMATION SECURITY               |   |                                 |   |  |
| R<br>O  |  |         |                    |          | _                    |          |                                      |                |                        |          |      |                                     |            |                             |                                    |   |                                 | PURPOSES                                |  |
| P :<br>E :  |  |         |                    |          |                      |          |                                      |                |                        |          |      |                                     |            |                             |                                    |   |                                 |   |  |
| R   |  |         |                    |          |                      |          |                                      |                |                        |          |      |                                     |            |                             |                                    |   |                                 | NLY THE FIRST                           |  |
| T<br>Y  |  |         |                    |          | _                    |          |                                      |                |                        |          |      |                                     |            |                             |                                    |   | TWE                             | LVE PROPERTY                            |  |
| ٠.  |  |         |                    |          |                      |          |                                      |                |                        |          |      |                                     |            |                             |                                    |   |                                 | ITEMS ARE<br>DISPLAYED ON               |  |
|   |  |         |                    |          | $\dashv$             |          |                                      |                |                        |          |      |                                     |            |                             |                                    |   | -                               | P2C REPORTS                             |  |
| -   |  |         |                    |          |                      |          |                                      |                |                        |          |      |                                     |            |                             |                                    |   |                                 |   |  |
|   |  |         | ehicles S          | -        |                      | nber Veh | icles Recovere                       |                | 0                      |          |      |                                     |            |                             |                                    |   |                                 |   |  |
| ID  | Officer ID# Officer Si AL-AMIN, J. M. (16366)  |         |                    |          |                      |          |                                      |                |                        |          |      |                                     |            | Supervisor<br>MATTI         | r Signature<br>ISON, G. M. (15167) |   |                                 |   |  |
|   |  |         | Signatur           |          |                      |          | Case Status                          |                |                        |          |      | Case Dispos                         |            |                             |                                    | . = '   |                                 |   |  |
| Status  |  |         |                    |          |                      |          | ☐ Further  ☐ Inact ☐ Closed ☐ Closed | tive<br>l/Clea | ıred                   |          |      | ☐ Unfoun☐ Cleared☐ Cleared☐ Death o | by A       | Trest by Ano                | Refuse<br>ther Ag                  | gency   | ooperate                        | tradition Declined                      |  |