| I N | Ageno | cy Nam | | NSTON-SALE | M P | OLICE | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2444571 | | | | |
|--|--|----------------------------|--------------------|----------------------|------------|-------------|---|------------------------|------|----------|---|--------------------|--|----------------------|--|---------------------------|------------------------|--------|--|
| C | ORI | NC NC 0340200 | | | | | | | | REPORT | | | | | Date / Time Reported S M T W T S S Month Day Yr Time 12 12 2024 04:39 Hrs. | | | | |
| D E | | | | | | | | | ++ I | At Found | ISIN | d Tl W | ∓ F S | 12 Last | | | 24 04:39 S M T W | | |
| N | #1 | Crime Incident(s) Robbery | | | | | | | | Month | Day Yr | ' Т | 'ıme | | | n Secure Day Yr | Time | | |
| T | #2 | Crime I | ncident | Koober | | | ☐ Xt Com 12 12 2024 04:39 H | | | | | | rs 12 12 2024 04:38 Hrs. Offense Tract | | | | | | |
| D A | Com 2700 University Pw, Winston-salem | | | | | | | | | | | | | | VC 2 | 7105 | 113 | | |
| T | #3 Crime Incident | | | | | | | | | | | | | | Victim Residence Type | | | | |
| A | Com | | | | | | | | | | | | | | _ | | nily Multi | Family | |
| MO | | | d or Con MITTEI | | | | | | | | | | Forcible Yes | X N/A | We | apon / Tools | | | |
| | # of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | ·. | | | |
| | Society Government Ginancial Institute Green Broken Bones Green Gr | | | | | | | | | | | | | | | | | | |
| V | 2 ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ N/A | | | | | | | | | | | | | | | | | | |
| I C | Crime # | | | | | | | | | | | | | | | Relationshi To Offende | | Status | |
| T | V1 | | DA' | TA OMITTED | | | | | | | | | | | | 10 Offende | Non-I | | |
| I M | | | | | | | | | | | 1, | | | | | | Unkn | own | |
| | Hom | e Addre | ess | | | D | ATA OMI | ГТЕС |) | | | | | | Home Phone | | | | |
| • | Empl | loyer Na | ame/Add | ress | | D | ATA OMITTED | | | | | | | | Business Phone | | | | |
| , | VYR Make Model Style | | | | | | Color Lic/Lis Vin | | | | | | Vin | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status | S L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found | | | | | | | | | | | | | | | | | | |
| Codes | (Chec | ck "OJ" | column | if recovered for oth | er ju | risdiction) | | | | | | | | | | | | | |
| | # | DCI | Status | Value | OJ | QTY | Property Description | | | | | | | Mak | e/Mo | | Serial Numb | | |
| | | | | | | | CASH TODA CGO PROPUCTS | | | | | | | | | | ATA OMIT | TED_ | |
| P - | I | 08 7 15 TOBACCO PRODUCTS | | | | | | | | | | | | FOR NFORMAT | LION | | | | |
| | | | | | | | | | | | | | | | | | SECURIT | | |
| R O | | | | | | | | | | | | | | | | | PURPOS | | |
| Ρ. | | | | | | | | | | | | | | | | | | | |
| E · R | | | | | | | | | | | | | | | | C | NLY THE | FIRST | |
| T · | | | | | | | | | | | | | | | | TWE | LVE PROP | ERTY | |
| Y | | | | | | | | | | | | | | | | | ITEMS A | RE | |
| | | | | | | | | | | | | | | | | | DISPLAYE | | |
| | | | | | | | | | | | | | | | | | P2C REPO | RTS | |
| - | N 7 - | 1 | | 1.1 | 3.7 | 1 7777 | 1 P | 1 | | | | | | | | | | | |
| | Numb | | ehicles S | Stolen 0 | | mber Vehi | cles Recovere | | | | | | Supervisor | Cianat | ıro | | | | |
| ID | | | M. (158 | | <i>/</i> # | | Officer Sig | паште | | | | | CHUE | , <u>V. N</u> . | <u>(15</u> . | 139) | | | |
| | | | Signatur | | | | Case Status | | | | Case Dispos | sition: | | | | , | | | |
| Status | | | | | | | ∏ Further ☐ Inact ☐ Closed ☐ Closed | tive /Cleare | ed | | ☐ Unfoun ☐ Cleared ☐ Cleared ☐ Death of | l by Aı l by Aı | ☐ Loc rest ☐ rest by And nder ☐ |] Refuse other Ag | gency | ooperate | tradition De | | |

DCI-600F