| I N | Agenc | y Name | | NSTON-SALE | ICIDENT/INVESTIGATION | | | | | | OCA 2444609 | | | | | | | | |
|------------|---|-----------------------------------|--------------------|------------------------|-----------------------|--|--------------------------|----------|--------|-------------------|---|----------------------|---|----------------|-------------------|-------------|------------------------|--------------------------|--|
| C · | ORI | | | | REPORT | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | | | |
| D E | 10 | | NC 034 | | | | A 1 | A t Equa | . d | Idl | ıl ml w | 파티이 | 12 | | 12 2024 | Time 4 | | | |
| N | #1 | | |) And Nonneglige | iohter | _ | Att Com | At Foun | Γ | | | IFS | | | Day Yr | Time | | | |
| Т. | #2 | | ncident | Tha Honneguse | - TILL 1 | viansiai. | gnier | \vdash | Att | 12 Location | | 2 2024 Incident | <i>†</i> <i>11</i> | :59 Hrs | 12 | | | 11:58 Hrs. Offense Tract | |
| D A | ☐ Com 3628 Yarbrough Av, Winston-salem | | | | | | | | | | | | | | | | | 114 | |
| T A | #3 | Erime I | ncident | | | | ☐ Att Premise Type ☐ Com | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | | |
| МО | | | d or Con MITTEI | | | | | | | | Forcible Yes [| X N/A | _ | apon / Tools | | | | | |
| | # of Victims Type None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | lcohol Use: | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | es Unknown | | | |
| V I | | Victim/ | | • – | | | uty Othe | er/Ur | nknow | n _ | | ternal Victim of | | _ | Other Race | | r ⊠ No Relationship | N/A Resident Status | |
| C T | V1 Crime # 31 | | | | | | | | | | | | | | race | Бел | To Offender | | |
| I M | DATA OMITTED | | | | | | | | | | | 1, | | | W | M | 1RU,2R | ☐ Non-Resident☐ Unknown | |
| IVI · | Home Address DATA OMIT | | | | | | | | | ГТЕО | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMI | | | | | | | | TTED | | | | | | Business Phone | | | | |
| • | VYR Make Model Style Color 2007 LEXU ES350 4S BU | | | | | | | | | | | | | Vin JTHI | JTHBJ46G972122337 | | | | |
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| Status | L = L | ost S | = Stolen | R = Recovered | D = | Damaged | Z = Seized | B = | = Burn | ned C= | Cor | ınterfeit / F | orged | F = Foun | d | | | | |
| Codes | (Chec | k "OJ" | column | if recovered for other | er jui | risdiction) | | _ | | | | | | | | | | | |
| | # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | | ce/Mo | | erial Number | |
| P - R _ | 1 | 1 PCA OTHE 1 2007 BUR, VDM3365 NC | | | | | | | | | LEXU I | 28330 | DA | TA OMITTED FOR | | | | | |
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| E - R | | | | | | | | | | | | | | | | | ON | ILY THE FIRST | |
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| - | | | | | | | | | | | | | | | | | ŀ | 2C REPORTS | |
| | Numb | er of V | ehicles S | Stolen 0 | Nu | mber Veh | icles Recovere | d | 0 | | | | | | | | | | |
| ID | Office: | | I. (1634 | 1D 48) | Officer Sig | Officer Signature Supervisor Signature $BOGER$, | | | | | | | | | 4943) | | | | |
| 11/ | Complainant Signature Case State | | | | | | | | | Case Disposition: | | | | | | . (1 | , | | |
| Status | ∏ Further Investig ☐ Inactive | | | | | | | | | | | ☐ Unfoun☐ Cleared | by Aı | rest Loc | Refus | e to C | ooperate | adition Declined | |
| ~ | | | | | | | | | | | | Cleared | by Aı | rest by And | ther A | gency | Г | Page 1 | |