I N	Agenc	y Name		STON-SALEN	л 1 Р	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2445170					
C ·	REPORT														Date / Time Reported S M T W T F S Month Day Yr Time					
D E			NC 034		│ │								12 16 2024 20:10 Hrs							
N T	#1	Jimic II		Att At Found SM TWTFS Month Day Yr Time 12 16 2024 20:10 1								Month Day Yr Time				Time	Hrs.			
D .	Crime Incident														3 12		10 20		Offense Tra	
A	Com 5990 University Pw, Winston-salem																		124	
T A	#3	rime i	ncident					Att Com	Premise	ГУJ	pe					Victim Re		ce Type y ∏Multi F	⁷ amily	
МО		Attacke ATA O									Forcible Yes	X N/A	We	apon / To	ols					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															own				
V I		Victim/		Name (Last, First,			ity 🗌 Othe	er/Un	iknow	'n 📗		ternal Victim of		scious E	Other	<u> </u>			□N/A Resident S	Status
C T	V1					,						Crime #	20.	371180	114400	20.1	To Offer	ider	☐ Resider	nt
I M	DATA OMITTED											1,							☐ Non-Re	
IVI ·	Home Address DATA OMI									TTED						Home Phone				
•	Employer Name/Address DATA Of								 IITTED						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																				
Cours	Victim		Property Description								Mal	ake/Model Serial Number								
	#	# DCI Status Value OJ QTY Property Description							DATA OMI											
P - R - O																		73.77	FOR	<u></u>
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ID			ER, B. S	S. (16050)	Officer Sig	Officer Signature Supervis WHI							or Signature TE, R. D. (15708)							
	Complainant Signature Case Sta ☐ Furth									Case Disposition: nvestigation Unfounded Located								Evter	dition Decl	lined
Status							☐ Inact	tive l/Clea	ared			☐ Cleared	by A	rrest E] Refuse other Ag	gency	Cooperate	_	Page 1	