I N	Agency Name WINSTON-SALEM POLICE									ICIDENT/INVESTIGATION						OCA 2445701				
C	ORI	NC	NC 02	40200	1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time							
D E	10		NC 034				☐ Att At Found						Last Known Secure S M T W T F S Month Day Yr							
N T	#1	Jimic I	•	, Lost/stolen Lice	nse	Plate		_	Com	Month	ı J			lime 1:02 Hrs			Day Yr 1 20 2024	Time		
	#2	Crime I	ncident	Bost, stoten Lice	isc I	ruic		_	Att			f Incident	<i>4</i> 20	0:02 1118	12		0 2024	Offense Tract		
D A	☐ Com 49 Timlic Av, Winston-salem NC 27.																	211		
T A	#3	ncident		☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family									
МО			d or Con											Forcible Yes	N/A	We	apon / Tools	· -		
																lackal Haar				
	Society Government Financial Institute Broken Bones Severe Laceration																			
V	1			igious 🔲 L.E. Off			uty 🔲 Othe	er/Ur	nknow		_		Uncor	nscious 🔲	Other	Majo	r 🛛 🔀 N	o □N/A		
I C		Victim/	Business	Name (Last, First,	Victim of Crime #				DOI	3 / Age 34	Race	Sex	Relationship To Offender							
T I	V1		DA	TA OMITTED					1,		34	B	M		☐ Non-Resident					
M	Home	Addre	ess								Ь		ne Phone	Unknown						
	Employer Name/Address DATA OMI'															Business Phone				
	VYR Make Model Style Color									Lic/Lis				1. 17			Business I none			
	VIK	IVI	аке	Model	Si	yie	Color		Li	C/LIS				Vin						
O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = I r juri	Damaged isdiction)	Z = Seized	B =	= Burr	ned C =	: Co	unterfeit / F	orged	F = Found	i 					
	Victim # DCI Status Value OJ QTY							Property Description							Mal	ce/Mo	del S	erial Number		
- P - R		77 7 1 OTHE							HER							/Lice	nse D.	ATA OMITTED		
																	T	FOR NFORMATION		
					_												1.	SECURITY		
ο .																		PURPOSES		
P :																				
R																		NLY THE FIRST		
Т Ү.																	TWE	LVE PROPERTY		
1					_												Г	ITEMS ARE DISPLAYED ON		
					+													P2C REPORTS		
			ehicles S	-		nber Vehi	cles Recovere		0											
ID	Office GAI		F. I. (1	6280) ID	Officer Sig	Officer Signature Supervisor Signature STUMP, J. K. (14922)														
11/	GARCIA, F. I. (16280) Complainant Signature Case State									Case Disposition:										
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ared				by A	rrest by Ano	Refuse ther Ag	gency	ooperate Г	radition Declined Page 1		