I N	Agenc	y Name		NSTON-SALEN	IN	ICIDENT/INVESTIGATION						OCA 2445936									
I C	ORI	NC	NC 034	10200			1	REPORT							Date/Time Reported S M T W T F S Month Day Yr Time 12 22 2024 18:20 Hrs.						
D E		Crime I	Att At Found SMTWTFS								12 22 2024 18:20 Last Known Secure S M T W Time										
N T	#1							Att At Found S M T W T F S M T W T F S										′r 🗀	Time 18:19		
D.	#2	Crime I	ncident	1 0					Att	Locatio	n of	fIncident							Offense T		
A T	Crime Incident Com 924 Warren Av, Winston-salem NC																	asidan	313		
A	#3	Jillie I	neident			☐ Att Premise Type ☐ Com								Victim Residence Type ☐ Single Family ☐ Multi Family							
МО			d or Con MITTEI					Forcible Yes						Weapon / Tools							
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major																				
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age R														Race	<u> </u>	Relation	ship	Residen	t Status	
C T	VI DATA OMITTED																To Offe	nder	☐ Resid	dent Resident	
I M ·												1,					- Tol		Unkı		
	Home Address DATA OMI									ГТЕD						Home Phone					
•	Employer Name/Address DATA OMI									TTED					Business Phone						
	VYR	Color Lic/Lis Vin						Vin	-												
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number				ber	
	"														DA	ГА ОМІ					
- P - R																		IN	FORMA'		
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	Numb		ehicles S	tolen 0		mber Vehi	cles Recovere		0 re				1	Supervisor	Signati	ıre					
ID	SHE	RME		(16239)		j FLYI							or Signature <i>IN</i> , <i>J. L.</i> (15605)								
Status	Comp	lainant	Signatur	e	☐ Further	Case Status						Loc	Refuse	e to C	ooperate	Extra	adition D	eclined			
							☐ Closed			hausted	1			nder \Box				a [Page	. 1	