I N	Agenc	y Name		NSTON-SALEN	OLICE	. IN	INCIDENT/INVESTIGATION							OCA 2446013						
C .	ORI	NC					1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034		│ │ │ │ Att │ At Found │ │ │ ☑ ☐ ☐ W T F S								12   23   2024  12:15 Hrs.							
N T	#1							Att   At Found   S M T W T F S   Month Day Yr Time   12   23   2024   12:15   1								Month Day Yr Time				
D.	U. Crime Incident													2.13	12		.5   202		Offense Tra	Hrs.
Α .		7 T	: 1 4					_	Com				Pw,	Winston-	salem	NC 27103 322 Victim Residence Type				
T A	#3	Jillie 1	ncident					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family					
МО			d or Com				☐ Ye						Forcible Yes	X N/A	We	apon / Too	ols			
	# of Victims   Type   None   Minor   Loss of Teeth   Drug/Alcohol Use:																			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															iown				
V I		Victim/		igious  L.E. Off Name (Last, First,			uty   Othe	er/Un	know	'n		ternal  Victim of		nscious  B / Age	_	r Major No N/A  Sex Relationship Resident State				Status
C T	V1	v ictiii/			wiide	iic)						Crime #	DOI	25	Nace	Sex	To Offen	der		nt
I	- 1		DA	ΓA OMITTED					1,			W	M			☐ Non-Re				
М -	Home	Addre	SS		ГТЕD								Home Phone							
	Emplo	oyer Na	ress	ATA OMI								Business Phone								
	VYR	Color Lic/Lis Vin							Vin											
O T																				
H E																				
R S	R																			
	DATA OMITTED																			
I N	DATA UMITTED																			
V	v																			
O L																				
V E																				
D																				
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered for other	D = l er iur	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	unterfeit / F	orged	F = Found	d					
	Victim #		Status	Value	QTY		Property Description							Make/Model Serial Number						
	"							E/TELEPHONE EQUIPMENT								DNE/16 Pro DATA OMITTED				
		PCA         OTHE         1         2009 BLK , KDM6936 NC								I	HOND Accord Exl FOR									
Р.					$\dashv$														FORMATION SECURITY	
R O																			PURPOSES	
Р -																			CIG OBE	
E - R																		ONI	Y THE FI	RST
T																	TV		E PROPE	
Υ -															ITEMS ARE					
-					$\dashv$														SPLAYED C REPOR'	
-					$\dashv$									+					OI	
_			ehicles S	-		nber Vehi	cles Recovere		0											
ID	Office BUR		R. C. (1	ID 6117)	Officer Sig	Officer Signature Supervisor Signature MCKAUGHAN, A. M. (14884)														
110		lainant		Case Statu	S Case Disposition:															
Status							Further Investigation  Inactive Unfounded Located Extradity  Refuse to Cooperate								dition Dec	lined				
	□ Closed/Cleared by □ Closed/Leads Exhausted □ Death of Of											by A	rrest by Ano	ther Ag	gency		Г	Page 1		