| I<br>N  | Agenc                                     | y Nam   |                      | NSTON-SALEN      | 1 P    | OLICE                              | IN                         | INCIDENT/INVESTIGATION |            |                     |     |                         |                                 |               | OCA 2446090                                    |                                       |                         |                            |                    |          |  |  |
|---|---|---------|----------------------|------------------|--------|------------------------------------|----------------------------|------------------------|------------|---------------------|-----|-------------------------|---------------------------------|---------------|--|---------------------------------------|-------------------------|----------------------------|--------------------|----------|--|--|
| C   | ORI                                       | NG      |                      |                  |        | 0 21 0 2                           | 1                          | REPORT                 |            |                     |     |                         |                                 |               | Date / Time Reported SMTWTFS Month Day Yr Time |                                       |                         |                            |                    |          |  |  |
| D<br>E  | D NC NC 0340200                           |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               |  |                                       |                         | 12   23   2024  22:30 Hrs. |                    |          |  |  |
| N<br>T  | N #1 Mont                                 |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         | n Day Yr Time Month Day Yr Time |               |  |                                       |                         |                            |                    |          |  |  |
| D D   | Crime Incident D Att Location of Incident |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               | 3 12   |                                       | 23   20.                |                            | Offense T          |          |  |  |
| Α   | Com 1040 Hanes Mall Bv, Winston-salem     |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               |  | NC 27103 323<br>Victim Residence Type |                         |                            |                    |          |  |  |
| T<br>A  | #3  | zrime i | ncident              |                  |        |                                    |                            |                        | Att<br>Com | Premise             | тур | pe                      |                                 |               |  |                                       | v ictim Ke<br>∃Single F |                            | • 1                | i Family |  |  |
| МО  |   |         | d or Con             |                  |        |                                    |                            |                        |            |                     |     |                         |                                 | Forcible Ves  | TY N/A   | Weapon / Tools                        |                         |                            |                    |          |  |  |
| WO  | DATA OMITTED                              |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               |  |                                       |                         |                            |                    |          |  |  |
|   | # of Victims   Type                       |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               |  | I                                     |                         |                            |                    |          |  |  |
| V   | 1   |         | ☐ Rel                | igious 🔲 L.E. Of | icer I | Line of D                          |                            |                        | know       |                     | _   | ternal 🔲                | Uncor                           | nscious [     | Other  |                                       | or 🔼                    | No                         | N/∠                | A        |  |  |
| I<br>C  | Crime #                                   |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               | Race   | Sex                                   | Relations<br>To Offer   |                            | Residen<br>Residen |          |  |  |
| T<br>I  | V1  |         | DA                   | TA OMITTED       |        |                                    |                            |                        |            |                     |     | 1,                      |                                 |               |  |                                       |                         |                            | □ Non-             | Residen  |  |  |
| M   | Home Address                              |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               |  | Home Phone Unknown                    |                         |                            |                    |          |  |  |
|   | Employer Name/Address DATA OMI            |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               |  | Business Phone                        |                         |                            |                    |          |  |  |
| ,   |   |         |                      |                  |        | ATA OMITTED  Color   Lic/Lis   Vin |                            |                        |            |                     |     | 17'                     | Dusiness I none                 |               |  |                                       |                         |                            |                    |          |  |  |
|   | VYR                                       | M       | ake                  | Model            | Sty    | yle                                | Color                      |                        | Lic        | C/L1S               |     |                         |                                 | Vin           |  |                                       |                         |                            |                    |          |  |  |
| T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED                              |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               |  |                                       |                         |                            |                    |          |  |  |
| Status<br>Codes   |   |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               |  |                                       |                         |                            |                    |          |  |  |
|   | Victim<br>#                               | DCI     | Property Description |                  |        |                                    |                            |                        |            |                     | Mal | ake/Model Serial Number |                                 |               |  | ber                                   |                         |                            |                    |          |  |  |
|   | 1 06 7,5 1 CLOTHES/                       |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               |  |                                       |                         | DA                         | ГА ОМІ             | TTED     |  |  |
| P -   | 1   | 06      | 5                    |                  | _      | 1                                  | CLOTHES/FU                 | OTHES/FURS             |            |                     |     |                         |                                 |               |  |                                       |                         | INII                       | FORMA'             | TION     |  |  |
|   |   |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               |  |                                       |                         |                            | SECURI             |          |  |  |
| R<br>O  |   |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               |  |                                       |                         |                            | PURPOS             |          |  |  |
| P :   |   |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               |  |                                       |                         |                            |                    |          |  |  |
| R   |   |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               |  |                                       |                         |                            | LY THE             |          |  |  |
| T<br>Y  |   |         |                      |                  | _      |                                    |                            |                        |            |                     |     |                         |                                 |               |  |                                       | TV                      |                            | /E PROI            |          |  |  |
|   |   |         |                      |                  | _      |                                    |                            |                        |            |                     |     |                         |                                 |               |  |                                       |                         |                            | SPLAYE             |          |  |  |
|   |   |         |                      |                  | +      |                                    |                            |                        |            |                     |     |                         |                                 |               |  |                                       |                         |                            | C REPC             |          |  |  |
| _   |   |         |                      |                  |        |                                    |                            |                        |            |                     |     |                         |                                 |               |  |                                       |                         |                            |                    |          |  |  |
|   |   |         | ehicles S            | -                |        | nber Vehi                          | cles Recovere              |                        | 0          |                     |     |                         |                                 |               | a:   |                                       |                         |                            |                    |          |  |  |
| ID  | Office<br>HIN                             |         | . J. (16             | 1D<br>247)       |        | Officer Sig                        | natur                      | re                     |            |                     |     |                         | Supervisor (0)                  | Signat        | ure  |                                       |                         |                            |                    |          |  |  |
|   | Complainant Signature Case Sta            |         |                      |                  |        |                                    |                            |                        |            | s Case Disposition: |     |                         |                                 |               |  |                                       |                         | -                          | 11.1               |          |  |  |
| Status  |   |         |                      |                  |        |                                    | ☐ Further ☐ Inact ☐ Closed | tive<br>l/Clea         | ared       |                     |     | Unfour Cleared          | l by Ai<br>l by Ai              | Test by Ander | Refuse<br>other Ag                             | gency                                 | Cooperate               | _                          | dition D Page      |          |  |  |