I N	Agency	e WIA	, IN	INCIDENT/INVESTIGATION							OCA 2481130								
C I	ORI	NC				REPORT							Date / Time Reported SMIWTFS Month Day Yr Time						
D E			NC 034				Att At Found SMTWTFS Month Day Yr Time								Day Time O4 O2 2024 I2:24 Hrs. Last Known Secure S M T W T F S Month Day Yr Time				
N T	#1		ileraem (s	, Larceny- All	Oth	ier		ı —	Com	Month 04	Da			lime 3:53 Hrs				Time $13:53$ Hrs.	
D	#2 C	rime I	ncident						_	Location			† 1.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	1 04			Offense Tract	
A		1 T		All Other F	rau	d		_	☐ Com 3324 Thomasville Rd, Winston						-salem NC 27107 212 Victim Residence Type				
T A	#3	Time i	ncident						Att Com	Pielilise	тур	ie				- 1		nce Type ly	
МО			d or Con MITTEI											Forcible Yes [X N/A	We	apon / Tools	· 	
V	# of Victims Type None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
	1 Society Government Financial Institute Broken Bones Severe Lacerat Institute Internal Unconscious Other															tions	□ Ye	es Unknown	
		liatim/		ligious L.E. Of Name (Last, First,			outy Othe	er/Un	know	n _	_				_	er Major No N/A ee Sex Relationship Resident Status			
Ċ	V1	/ ICUIII/			Victim of Crime #				DOI	3 / Age 20	Race	Sex	To Offender						
T I	DATA OMITTED											1,2			W	F	RU	☐ Non-Resident	
M	Home Address DATA OMI									TTFD					l	Home Phone			
	Employer Name/Address DATA O														Business Phone				
,	VYR	M	ake	Color							Vin								
О																			
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H E																			
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5							$D \lambda T \lambda$		``	TTT	7	`							
I	DATA OMITTED																		
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E D																			
Status	L = Lo	ost S	= Stolen	R = Recovered	D =	Damaged	Z = Seized	B =	Burn	ed C = 0	Cou	nterfeit / F	orged	F = Found	d				
Codes	(Check Victim	k "OJ"	column	if recovered for oth	er jui	risdiction)													
- - P - R	# DCI Status Value OJ QTY							Property Description ES/HANDBAGS/WALLETS								e/Mo		erial Number	
	1	1 25 7 1 PURSES/HAI 1 20 7 1 MONEY/CAS													COACE	1	DF	TA OMITTED FOR	
	1	20	7				MONEY/CASH										IN	FORMATION	
																		SECURITY	
O .																		PURPOSES	
Ē.																	ON	ILY THE FIRST	
R T																		VE PROPERTY	
Y																	1112	ITEMS ARE	
																	D	ISPLAYED ON	
																	F	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nin	mher Vah	icles Recovere	d	0										
	Officer			II		oci v Cli	Officer Sig		-					Supervisor	Signat	ıre	/15/0 5 :		
ID			K. D. Signatur	(15687)		Case Statu	RA:						RATLI	LIFF, K. D. (15687)					
_	Compl	amalit	ərgilatur	•	☐ Furthe	r Investigation Unfounded Located Extra							radition Declined						
Status	s □X Inactive □ Closed/Clea										أ ا		by A	rrest by And	ther Ag	gency	Г		
							☐ Closed	/Lead	ds Exi	hausted	1 7	□ Death o	f Offe	nder 🗆	Prosec	rution	Declined	Page 1	