I N	Agenc	y Nam		NSTON-SALEN	OLICE	. IN	INCIDENT/INVESTIGATION							OCA 2482229				
C ·	ORI	NC					REPORT							Date / Time Reported SMTWIFS Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)								☐ Att At Found SMTWIFS						06 27 2024 11:05 Hrs. Last Known Secure S M T W T F S			
N T	#1 All Other Fraud									Att At Found S M T W T F S Last Known Secure S M M T W T T M M M M M N								
D.	#2	Crime I	ncident						Att	Location	of Incider	nt					Offense Tract	
A T	Crime Incident Com 2710 Peters Creek Pw, Winston-s														lem NC 27127 314 Victim Residence Type			
A	#3	JIIIIC I	ncident					☐ Att Premise Type ☐ Com						☐ Single Family ☐ Multi Family				
МО			d or Com										Forcible Yes	X N/A		apon / Tools		
						n :				Injury	N		No No	1 T	. С . Т	41. Drug/Ai	cohol Use:	
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Yes Unknow																	
V				igious L.E. Off			uty 🔲 Othe	er/Un	know	'n 🗆			onscious [Other	r Major No N/A			
I C		Victim/	Business	Name (Last, First,	Mide	dle)					Victim Crime		0B / Age 88	Race	Sex	Relationship To Offender	Resident Status Resident	
T I	VI DATA OMITTED										1			W	M	RU	☐ Non-Resident ☐ Unknown	
М -	Home Address DATA OMI														Home Phone			
	Employer Name/Address DATA ON													Business Phone				
	VYR	Model	Color Lic/Lis Vin						Vin									
O T H E																		
R S																		
I	DATA OMITTED																	
N V																		
O																		
V																		
E D																		
Status	L = L	ost S	= Stolen	R = Recovered	D =	Damaged	Z = Seized	B =	Burn	ed C = C	Counterfei	t / Forge	d F = Foun	d				
Codes	Victim			if recovered for other	Ť	Í	B 5								Make/Model Serial Number			
	# DCI Status Value OJ QTY 1 20 7						Property Description MONEY/CASH							Mal	ke/Mo		rial Number TA OMITTED	
- - P -																	FOR	
																	FORMATION	
R.																	SECURITY	
O P -						+											PURPOSES	
E - R																ON	LY THE FIRST	
T .																	VE PROPERTY	
Y																	ITEMS ARE	
-																	SPLAYED ON	
																P	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Niii	mber Veb	cles Recovere	d	0									
	Office	r		ID		moei veil	Officer Sig		-				Supervisor	Signat	ure	(15605)		
ID			, <i>K. D.</i> Signatur	(15687)		Case Status	s		I	Case Die	nosition		FF, K	. <i>D</i> .	(15687)			
Status	Comp	ıaındıll	oignatul	C			☐ Further	☐ Further Investigation ☐ Unfounded ☐ Locat] Refus	e to C	Cooperate	adition Declined	
							Closed	☐ Closed/Cleared ☐ Cleared by Arrest by A ☐ Closed/Leads Exhausted ☐ Death of Offender						nother Agency				