| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | | ICIDENT/INVESTIGATION | | | | | | OCA 2482290 | | | | |
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| C . | ORI | NC | | | Date / Time Reported S M T W T Month Day Yr Time 07 01 2024 15:29 F | | | | | | | 1 1 1 1 1 | | | | | | | | |
| D E | 10 | | | O7 O1 2024 Total O7 O1 2024 Total O7 O1 2024 Total O7 O7 O7 O7 O7 O7 O7 O | | | | | | | Time 15:29 Hrs | | | | | | | | | |
| N | #1 | Jimic I | neident(s | | 10 | | | ı — | - 1 | Month | D | | | | | | | r 💳 | Time | |
| Т. | #2 | Crime I | ncident | Shopiijiii | 18 | | | | _ | 06 Location | | | 4 1c | 5:12 HIS | s <u>06</u> | | 29 20 | | 18:12 Hrs Offense Tract | |
| D A | | | | | | | | | Com | | | | Win | ston-sale | m NC | | | | 314 | |
| T A | #3 | Crime I | ncident | | | | | | Att Com | Premise ' | Тур | be | | | | | Victim Ro | | ce Type ⁄ □Multi Famil | |
| МО | How Attacked or Committed Forc | | | | | | | | | | | | | Forcible Yes No | | | | | | |
| | # of V | ictims | Туре | ☐ Person | гх І | Business | | | | Injury | y | ☐ None | | _ | Loss o | f Tee | th Dr | ug/Ald | cohol Use: | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | _ | | | | |
| V I | | Victim/ | | Name (Last, First, | | | uty Otno | er/Un | iknow | n 📗 🗖 | _ | ternal Victim of | | scious [| Race | <u> </u> | | No Shin | □N/A Resident Status | |
| C T | V1 DATA OMITTED | | | | | | | | | | | | | | 111100 | 2011 | To Offe | nder | ☐ Resident | |
| I | | | DA | IA OMITTED | | | | | | | | 1 | | | | | | | ☐ Non-Reside | |
| М - | Home Address DATA OMIT | | | | | | | | | TTED | | | | | | Home Phone | | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | | | Business Phone | | | | |
| | VYR | M | Model | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | | |
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| Status Codes | (Chec | k "OJ" | = Stolen column | R = Recovered if recovered for other | D = 1 er jur | Damaged isdiction) | Z = Seized | B = | Burn | ed C = 0 | Cou | ınterfeit / F | orged | F = Foun | d | | | | | |
| | Victim # | DCI | Value | Property Description | | | | | | | | Mak | Make/Model Serial Number | | | | | | | |
| - | | | | | | | MINI SPLIT HEAT PUMP | | | | | | | | Mr Coo | ool/Mini Split DATA OMITTED | | | | |
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| R O | | | | | | | | | | | | | | | | | | | PURPOSES | |
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| | Numb | | ehicles S | tolen 0 | | nber Vehi | cles Recovere Officer Sig | | <i>0</i> | | | | - 1 | Supervisor | Signat | ıre | | | | |
| ID | RAT | LIFF, | | (15687) | π | | | | | | | | | RATLI | FF, K | D. | (15687) |) | | |
| | Comp | lainant | Signatur | е | | | Case Statu | | estiga | tion | | ase Dispos | | □ Loc | ated | | | Extra | dition Declined | |
| Status | | | | | | | Inact | tive | | | | Cleared | by Aı | rest _ |] Refuse | to C | ooperate | | | |
| | | | | | | | ☐ Closed | | | hausted | | | | rest by And | | | | _d [| Page 1 | |