| I<br>N   | Agency Name WINSTON-SALEM POLICE   |                                  |                    |                                     |                   |         |                                     |   | ICIDENT/INVESTIGATION |  |                         |  |                       |   | OCA 2482384              |   |                             |                            |  |
|--|--|----------------------------------|--------------------|-------------------------------------|-------------------|---------|-------------------------------------|---|-----------------------|--|-------------------------|--|-----------------------|---|--------------------------|---|-----------------------------|----------------------------|--|
| C  | ORI  | NC                               | NC 02              | 40200                               | 1                 | REPORT  |                                     |   |                       |  |                         | Date / Time Reported SMIWTFS Month Day Yr Time |                       |   |                          |   |                             |                            |  |
| D<br>E   | NC NC 0340200 Crime Incident(s)  |                                  |                    |                                     |                   |         |                                     |   |                       | ☐ Att At Found S 丞 T W T F S Month Day Yr Time |                         |  |                       |   |                          | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |                             |                            |  |
| N<br>T   | #1   |                                  |                    | ,<br>utobreaking An                 | d Lar             | cenv    |                                     | _   | Com                   | Month 07                                       |                         |  |                       | ime<br>:30  Hrs   |                          |   | Day Yr                      | Time $06:30$ Hrs.          |  |
| D  | #2   | Crime I                          | ncident            |                                     |                   |         |                                     |   | $\rightarrow$         | Location                                       | of Inci                 | dent   |                       |   |                          |   |                             | Offense Tract              |  |
| A  | Com 994 W Second St Apt. 114, Winston-   |                                  |                    |                                     |                   |         |                                     |   |                       |  |                         |  |                       |   |                          |   |                             | 111                        |  |
| T<br>A   | #3   | Jillie 1                         | ncident            |                                     |                   |         |                                     |   | Com                   | Pieilise                                       | ype                     |  |                       |   |                          |   | /ictim Reside<br>Single Fam | ily □Multi Family          |  |
| МО   |  |                                  | d or Con<br>MITTEI |                                     |                   |         |                                     | ☐ Yes   |                       |  |                         |  |                       | Forcible Yes  |                          |   |                             |                            |  |
|  | # of V   | ictims                           | Туре               | ∏ Person                            | □ Ru              | ıcinecc |                                     |   |                       | Injury   |                         | None   | <u> </u>              | □ No  | Loss o                   | f Teet  | h Drug/A                    | Icohol Use:                |  |
|  | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown |                                  |                    |                                     |                   |         |                                     |   |                       |  |                         |  |                       |   |                          |   |                             |                            |  |
| V<br>I   |  | Victim/                          |                    | ligious  L.E. Of Name (Last, First, |                   |         | uty   Othe                          | er/Un   | know                  | n 🗆  |                         |  |                       | scious   Age  | Other                    |   | r ⊠ N<br>Relationship       |                            |  |
| C<br>T   | V1   | v ictiiii/                       |                    |                                     | Victim of Crime # |         |                                     |   |                       | 20   | Race                    | Sex  | To Offender           | □ Resident  |                          |   |                             |                            |  |
| I  | DATA OMITTED   |                                  |                    |                                     |                   |         |                                     |   |                       |  | 1                       |  |                       |   | W                        | F   | RU                          | □ Non-Resident □ Unknown   |  |
| М  | Home Address DATA OMI'   |                                  |                    |                                     |                   |         |                                     |   |                       | FTED   |                         |  |                       |   |                          | Home Phone  |                             |                            |  |
|  | Employer Name/Address DATA OMI   |                                  |                    |                                     |                   |         |                                     |   |                       |  |                         |  |                       |   | Business Phone           |   |                             |                            |  |
| ,  | VYR Make Model Style Cole  |                                  |                    |                                     |                   |         |                                     | Color Lic/Lis Vin                               |                       |  |                         |  |                       | Vin   |                          |   |                             |                            |  |
| 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  |  |                                  |                    |                                     |                   |         |                                     |   |                       |  |                         |  |                       |   |                          |   |                             |                            |  |
| Codes  | Victim   |                                  |                    |                                     | Ť                 | Í       |                                     | Donasta Donasiation                             |                       |  |                         |  |                       |   | Make/Model Serial Number |   |                             |                            |  |
| -<br>-<br>-<br>P -                                       | # DCI Status Value OJ QTY  1 36 7  |                                  |                    |                                     |                   |         |                                     | Property Description EPHONE/TELEPHONE EQUIPMENT |                       |  |                         |  |                       |   | phone/                   |   |                             | ATA OMITTED                |  |
|  | 1  |                                  |                    |                                     |                   |         |                                     |   | ARTS/ACCESSORIES      |  |                         |  |                       |   | CHEV/Camaro FOR          |   |                             |                            |  |
|  |  | PCA TARG 1 2020 BLK , LAB4047 NC |                    |                                     |                   |         |                                     |   |                       | (  | CHEV Camaro INFORMATION |  |                       |   |                          |   |                             |                            |  |
| R<br>O   |  |                                  |                    |                                     | _                 |         |                                     |   |                       |  |                         |  |                       |   |                          |   |                             | SECURITY<br>PURPOSES       |  |
| Ρ.   |  |                                  |                    |                                     |                   |         |                                     |   |                       |  |                         |  |                       |   |                          |   |                             | T CKT OSES                 |  |
| E -<br>R   |  |                                  |                    |                                     |                   |         |                                     |   |                       |  |                         |  |                       |   |                          |   | O                           | NLY THE FIRST              |  |
| T<br>Y   |  |                                  |                    |                                     |                   |         |                                     |   |                       |  |                         |  |                       |   |                          |   | TWE                         | VE PROPERTY                |  |
|  |  |                                  |                    |                                     |                   |         |                                     |   |                       |  |                         |  |                       |   |                          |   |                             | ITEMS ARE                  |  |
|  |  |                                  |                    |                                     | +                 | _       |                                     |   |                       |  |                         |  |                       |   |                          |   |                             | ISPLAYED ON<br>P2C REPORTS |  |
|  |  |                                  |                    |                                     | +                 | -+      |                                     |   |                       |  |                         |  |                       |   |                          |   |                             | 2C KLI OK IS               |  |
| -  | Numb   | er of V                          | ehicles S          | Stolen 0                            | Numb              | er Vehi | cles Recovere                       | d   | 0                     |  |                         |  |                       |   |                          |   |                             |                            |  |
| ID   | Office:  |                                  | K D                | (15687)                             | )#                |         | Officer Sig                         | gnature Supervis                                |                       |  |                         |  |                       | Supervisor<br>RATIII  | or Signature             |   |                             |                            |  |
| ID   | RATLIFF, K. D. (15687)  Complainant Signature  Case Stat                           |                                  |                    |                                     |                   |         |                                     |   |                       | RATLIFF, K. D. (15)                            |                         |  |                       |   |                          |   | 15007)                      |                            |  |
| Status   | •  |                                  | -                  |                                     |                   |         | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive<br>/Clea                                    | red                   |  |                         | Infound<br>Cleared<br>Cleared                  | led<br>by Ar<br>by Ar | Locarest   Locarest | Refuse<br>ther Ag        | ency  | ooperate<br>F               | radition Declined Page 1   |  |