| I<br>N   | Agency Name WINSTON-SALEM POLICE   |          |                                  |                         |                   |   |                                     |              | NCIDENT/INVESTIGATION |  |      |               |       |   | OCA 2482468                                       |              |   |                        |  |  |
|--|--|----------|----------------------------------|-------------------------|-------------------|---|-------------------------------------|--------------|-----------------------|--|------|---------------|-------|---|---|--------------|---|------------------------|--|--|
| I<br>C   | ORI  | NC       | NC 02/                           | 10200                   |                   |   | 1                                   | REPORT       |                       |  |      |               |       |   | Date / Time Reported SMIWTFS<br>Month Day Yr Time |              |   |                        |  |  |
| D<br>E   | NC NC 0340200 Crime Incident(s)  |          |                                  |                         |                   |   |                                     |              |                       | ☐ Att At Found ☑ M T W T F S Month Day Yr Time |      |               |       |   |   |              | 07   16   2024   13:29 Hrs.   Last Known Secure   S M T W T F S Month Day Yr Time |                        |  |  |
| N<br>T   | #1   |          |                                  | ,<br>Harassing Pho      | ne Co             | alls  |                                     | ı —          | Com                   | Month 07                                       | D    |               |       | lime<br>1:30  Hrs   |   |              | Day Yr  | Time $ 19:30 $ Hrs.    |  |  |
| D.   | #2   | Crime I  | ncident                          |                         |                   |   |                                     |              | $\rightarrow$         | Location                                       | ı of | Incident      |       |   |   | _            |   | Offense Tract          |  |  |
| A<br>T   |  | Trima I  | ncident                          |                         |                   |   | Com 1809 Pope Hill Ct, Winston-sal  |              |                       |  |      |               | em N  | vm NC 27284 214 Victim Residence Type   |   |              |   |                        |  |  |
| A  | #3   | Jillie I | neideni                          |                         |                   |   |                                     |              | Com                   | Fielilise                                      | тур  | je –          |       |   |   |              |   | ily ∏Multi Family      |  |  |
| МО   |  |          | d or Com                         |                         |                   |   |                                     |              |                       |  |      |               |       | Forcible  Yes   | X N/A   | We           | apon / Tools  |                        |  |  |
|  |  |          |                                  |                         |                   |   |                                     |              |                       |  |      |               |       |   |   | Alcohol User |   |                        |  |  |
|  | , Society Government Financial Institute Broken Bones Severe Lacerations Yes Unkno |          |                                  |                         |                   |   |                                     |              |                       |  |      |               |       |   |   |              |   |                        |  |  |
| V  |  |          |                                  | igious L.E. Off         |                   |   | ity 🔲 Othe                          | er/Un        | know                  | n 🗆  |      |               |       | nscious   | Other   | Majo         | r 🛛 🖂 N   | N/A                    |  |  |
| C  |  | Victim/  | Business                         | Name (Last, First,      | Victim of Crime # |   |                                     |              |                       | DOI  |      |               |       | Relationship<br>To Offender   |   |              |   |                        |  |  |
| T<br>I   | DATA OMITTED   |          |                                  |                         |                   |   |                                     |              |                       |  |      | 1             |       |   | $\mid W \mid$                                     | $_{F}$       |   | □ Non-Residen          |  |  |
| М .  | Home Address DATA OMIT   |          |                                  |                         |                   |   |                                     |              |                       |  |      |               |       |   |   | Home Phone   |   |                        |  |  |
|  | Employer Name/Address DATA OM  DATA OM   |          |                                  |                         |                   |   |                                     |              |                       |  |      |               |       |   | Business Phone                                    |              |   |                        |  |  |
|  | VYR  | Color    |                                  |                         |                   |   |                                     |              | Vin                   |  |      |               |       |   |   |              |   |                        |  |  |
|  |  |          |                                  |                         |                   |   |                                     |              |                       |  |      |               |       |   |   |              |   |                        |  |  |
| O<br>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  | (Chec  | k "OJ"   | = Stolen<br>column i             | R = Recovered for other | D = D<br>r juris  | Damaged sdiction)   | Z = Seized                          | B =          | Burn                  | ed C = 0                                       | Cou  | ınterfeit / F | orged | F = Found   | d   |              |   |                        |  |  |
|  | Victim<br>#  | DCI      | Value                            | Property Description    |                   |   |                                     |              |                       |  |      | Mak           | ce/Mo |   | erial Number                                      |              |   |                        |  |  |
| -<br>P -<br>R  |  |          |                                  |                         |                   |   |                                     |              |                       |  |      |               | D     | ATA OMITTED   |   |              |   |                        |  |  |
|  |  |          |                                  |                         | _                 |   |                                     |              |                       |  |      |               |       |   |   |              | Ι   | FOR NFORMATION         |  |  |
|  |  |          |                                  |                         |                   |   |                                     |              |                       |  |      |               |       |   |   |              |   | SECURITY               |  |  |
| 0  |  |          |                                  |                         |                   |   |                                     |              |                       |  |      |               |       |   |   |              |   | PURPOSES               |  |  |
| Р <sup>-</sup><br>Е -  |  |          |                                  |                         |                   |   |                                     |              |                       |  |      |               |       |   |   |              |   |                        |  |  |
| R.   |  |          |                                  |                         | _                 |   |                                     |              |                       |  |      |               |       |   |   |              |   | NLY THE FIRST          |  |  |
| Т<br>Ү   |  |          |                                  |                         | _                 |   |                                     |              |                       |  |      |               |       |   |   |              | 1 W.E.  | LVE PROPERTY ITEMS ARE |  |  |
| -  |  |          |                                  |                         | +                 |   |                                     |              |                       |  |      |               |       |   |   |              | Г   | DISPLAYED ON           |  |  |
| -  |  |          |                                  |                         | -                 |   |                                     |              |                       |  |      |               |       |   |   |              |   | P2C REPORTS            |  |  |
|  |  |          |                                  |                         |                   |   |                                     |              |                       |  |      |               |       |   |   |              |   |                        |  |  |
|  |  |          | ehicles S                        | -                       |                   | ber Vehic   | cles Recovere                       |              | 0                     |  |      |               |       | g :   | a.  |              |   |                        |  |  |
| ID   | Office: WAI  |          | <i>L</i> , <i>J</i> . <i>A</i> . | (15882) ID              | Officer Sig       | Officer Signature Supervisor Signature WADDELL, J. A. (15882) |                                     |              |                       |  |      |               |       |   |   |              |   |                        |  |  |
|  | Complainant Signature Case State   |          |                                  |                         |                   |   |                                     |              |                       | Case Disposition:                              |      |               |       |   |   |              |   |                        |  |  |
| Status   |  |          |                                  |                         |                   |   | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive<br>/Clea | ared                  |  |      |               | by A  | Local<br>rest   Carest by Anomales   Carest by Anomale | Refuse<br>ther Ag                                 | gency        | ooperate  | Page 1                 |  |  |