| I N | Agenc | y Name | | NSTON-SALE | M P | OLICE | IN | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2482555 | | | | |
|---|---|-------------------|--------------------|------------------------------------|---------------|---------------------|---|-------------------------------|---------------|---------------------------|----------------------------|----------------------------|--|--|-----------------------|---------------------------|-------------------|-----------------------------|--|
| C | ORI | NC | NC 034 | 40200 | | | | | | KEF | JKI | | | | | Reported Day Yr | SIM T | W T F S ime 1:54 Hrs. | |
| D E | - 10 | | ncident(s | | | | | | ₊₊ | At Found | S | 1 T W | T ₹ S | 07 | | | 4 10 S M T | | |
| N | #1 | | | DX C | 1 1 | Month | Day Yr | . Т | 'ime | | | n Secure Day Yr | Tim | e . | | | | | |
| T . | #2 | Crime I | ncident | All Other F | ran | <u> </u> | X Com 07 19 2024 20:30 F Att Location of Incident | | | | | |):30 HIS | 19 2024 20:30 Hrs. Offense Tract | | | | | |
| D A | Com 328 N Spring St, Winston-salem NC | | | | | | | | | | | | | | 2710. | 1 | 11 | 1 | |
| T | #3 Crime Incident | | | | | | | | | | | | | | Victim Residence Type | | | | |
| A | □ Com | | | | | | | | | | | | | | |] Single Fan | | Iulti Family | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes No | X N/A | Wea | apon / Tools | | | |
| | # of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Use: | | | |
| | 1 | | □ So | ciety 🗌 Governm | ent | □ F | inancial Institu | | | | Broken Bone | | Severe | _ | | _ | | Unknown | |
| V | T | | | | | | | | | | | | | | | | | | |
| I C | Victim/Business Name (Last, First, Middle) Victim of Crime # Victim of Crime # Rac | | | | | | | | | | | | | | Sex | Relationshi To Offende | Resid | dent Status esident | |
| T | V1 | | DA | TA OMITTED | | | | | | | | | | | | 10 01101140 | | on-Resident | |
| I M | | | | | | | | | | | 1 | | | | ☐ Unknown | | | | |
| | Home | e Addre | ess | | | D | ATA OMI | ΓΤED | 1 | | | | | | Home Phone | | | | |
| • | Empl | oyer Na | me/Add | ress | ATA OMITTED | | | | | | | Business Phone | | | | | | | |
| , | VYR Make Model Style | | | | | | Color Lic/Lis Vin | | | | | | Vin | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | .ost S ck "OJ" | = Stolen column | R = Recovered if recovered for oth | D = er jur | Damaged risdiction) | Z = Seized | B = B | urnec | $\mathbf{C} = \mathbf{C}$ | ounterfeit / F | Forged | F = Foun | ıd | | | | | |
| | Victin # | DCI | Status | Value | OJ | QTY | Property Description | | | | | | | Mak | e/Mo | del 5 | Serial N | umber | |
| P - R _ | | | | | | | MONEY/CASH | | | | | | | | | | | MITTED | |
| | | | | | | | | | | | | | | | | | | OR | |
| | | | | | | | | | | | | | | | |] | | MATION | |
| | | | | | | | | | | | | | | | | | | JRITY | |
| O P . | | | | | | | | | | | | | | | | | PURF | POSES | |
| E · | | | | | | | | | | | | | | | | | N. 17 (T) | HE EID CE | |
| R | | | | | | | | | | | | | | | | | | HE FIRST ROPERTY | |
| Т Ү . | | | | | | | | | | | | | | | | 1 WE | | IS ARE | |
| - | | | | | | | | | | | | | | | | I | | YED ON | |
| | | | | | | | | | | | | | | | | | | EPORTS | |
| | | | | | | | | | | | | | | | | | | - | |
| • | Numb | er of V | ehicles S | Stolen 0 | Nui | mber Vehi | cles Recovere | d 0 | | | | | | | | | | | |
| | Office | | 7 7 4 | (15992) II |) # | | Officer Sig | nature | | | | | Supervisor | Signat | ire | (15000) | | | |
| ID | | | | . (15882) | | | Case Status | | | | | | | | DEĽL, J. A. (15882) | | | | |
| Status | Comp | iainant | Signatur | c | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | r Invest ive /Cleare | d | on | ☐ Unfoun☐ Cleared☐ Cleared | ided l by Ar l by Ar | Locarest Carest by Andrest Carest by Andres Care |] Refuse other Ag | gency | ooperate | | n Declined age 1 | |

DCI-600F