| т | | | | | | | | | | | | | | | | |
|------------------------------|-------------------------------------------------------------------------------------|---------------------------|-----------|-----------------------------------------|------------|-------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|------------------------|-------------------------------------------|-------------------|--------------|---------------------------|--|
| I N | Agenc | y Inallie | | STON-SALE | M P | OLICE | INCIDENT/INVESTIGATION REPORT | | | | | 2483332 Date / Time Reported SM T₩ TFS | | | | |
| C I | ORI | | | | | | | | | | | | | | | |
| D | | | NC 034 | | | | | | | | | 09 25 2024 22:34 Hrs. | | | | |
| E N | #1 | | ncident(s | | | | | 🗆 Att | At Foun Month | d SM Day Yr | T <u>₩</u> TFS Time | Last Mont | Known S Th Day | ecure Yr | SMT <u>₩</u> TFS Time | |
| Т | C | | | ng Threats -inti | mide | ation, No | n Physical | | 09 | 25 2024 | 22:30 Hi | s. 09 | 25 | 2024 | 22:30 Hrs. | |
| D | Com 2275 Bilay Forest Dr. Winston salam NC 27127 | | | | | | | | | | | | | | Offense Tract 314 | |
| A T | | Crime I | ncident | | | | | | Premise ' | • | Dr, winsion | i-saiem | | | ence Type | |
| А | #3 | | | | | | | | | 51 | | | □ Si | ngle Fam | ily □ Multi Family | |
| | How A | Attacke | d or Con | nmitted | | | | | | | Forcible | | Weapor | n / Tools | | |
| MO | D | ATA O | MITTEL |) | | | | | | | | | X N/A | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | |
| | 1 | | | e Lacera | tions | | es □Unknown | | | | | | | | | |
| V I | | Victim/ | | ligious □ L.E. Of Name (Last, First, | | | | er/Unknov | | Internal U Victim of | DOB / Age | Other Race | | ationship | | |
| C T | V1 | v ietiiii | | | , iviid | uic) | | | | Crime # | 29 | | | Offender | X Resident | |
| I | | | DA | FA OMITTED | | | | | | 1 | | W | M 1 | RU | □ Non-Residen | |
| Μ | Home Address | | | | | | | | | | | | Home P | hone | | |
| | | | | | | D. | ATA OMI | OMITTED | | | | | | | | |
| | Emplo | oyer Na | ume/Addi | ress | | D | ATA OMI | TA OMITTED | | | | | Business Phone | | | |
| | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | Vin | | | | | |
| | | | | | | | | | | | | | | | | |
| T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | |
| Status | L = Le | ost S | = Stolen | R = Recovered | D_= | Damaged | Z = Seized | B = Burr | ied $C = 0$ | Counterfeit / Fo | rged F = Fou | nd | | | | |
| Codes | (Chec Victim | | column | if recovered for oth | ier ju | risdiction) | | | | | | | | | | |
| - - - R | # | # DCI Status Value OJ QTY | | | | | Property Description | | | | | Mak | e/Model | | erial Number | |
| | | | | | | | | | | | | | | D/ | FOR | |
| | | | | | | | | | | | | | | II | NFORMATION | |
| | | | | | | | | | | | | | | | SECURITY | |
| O P | | | | | | | | | | | | | | | PURPOSES | |
| Р Е· | | | | | | | | | | | | | | | | |
| R. T | | | | | | | | | | | | | | | NLY THE FIRST | |
| I Y | | | | | | | | | | | | | | 1 11 121 | ITEMS ARE | |
| - | | | | | | | | | | | | | | D | ISPLAYED ON | |
| | | | | | | | | | | | | | | I | P2C REPORTS | |
| - | | | | | | | | | | | | | | | | |
| | Numb | | ehicles S | 0 | Nu D# | mber Vehic | cles Recovere | | | | Supervise | r Simat | Ire | | | |
| ID | ALE | XANI | | C. (15741) | ν π | | onicer sig | Officer Signature Supervisor Signature ALEXANDER, J. C. (15741) | | | | | | | | |
| Status | Compl | lainant | Signatur | e | | | ☐ Further | Case Status Case Disposition: □ Further Investigation □ Unfounded □ Located ☑ Inactive □ Cleared by Arrest □ Refuse to Cooper | | | | | | Ext erate | radition Declined | |
| uvus | | | | | | | Closed | /Cleared | hausted | | y Arrest by A | nother Ag | | Г | Page 1 | |