| I<br>N  | Agenc   | y Name            | e WIM     | . IN                               | INCIDENT/INVESTIGATION |   |                                     |                          |         |                   |      | OCA 2483397   |                          |                                |                   |   |               |                           |  |
|---|---|-------------------|-----------|------------------------------------|------------------------|---|-------------------------------------|--------------------------|---------|-------------------|------|---------------|--------------------------|--------------------------------|-------------------|---|---------------|---------------------------|--|
| I<br>C  | ORI   | NC                | NC 034    | 10200                              |                        |   | 1                                   | REPORT                   |         |                   |      |               |                          |                                |                   | Date / Time Reported SMTMTFS<br>Month Day Yr Time |               |                           |  |
| D<br>E  |   |                   | ncident(s |                                    |                        | ☐ Att   At Found SM∃WTFS Month Day Yr Time                    |                                     |                          |         |                   |      |               |                          | 10   02   2024   09:09 Hrs.    |                   |   |               |                           |  |
| N<br>T  | #1  |                   |           | ,<br>Larceny- All                  | Oth                    | er  |                                     | _                        | Com     | Month 10          | Ι    |               |                          | ime<br>5:24  Hrs               |                   |   |               | Time<br>  15:24  Hrs.     |  |
| D.  | #2  | Crime I           | ncident   |                                    |                        |   |                                     |                          | Att     | Locatio           | n of | Incident      |                          |                                |                   |   |               | Offense Tract             |  |
| A<br>T  | Crime Incident Com 412 Infinity Cr, Winston-salem N                               |                   |           |                                    |                        |   |                                     |                          |         |                   |      |               |                          |                                |                   |   | Victim Resid  | 323                       |  |
| A   | #3  | JIIIIC I          | ncident   |                                    |                        |   |                                     | ☐ Att Premise Type ☐ Com |         |                   |      |               |                          | ☐ Single Family ☐ Multi Family |                   |   |               |                           |  |
| МО  |   |                   | d or Con  |                                    |                        |   |                                     |                          | •       |                   |      |               |                          | Forcible  Yes                  | X N/A             | We  | apon / Tools  |                           |  |
|   | # of Victims   Type   No   Drug/Alcohol Use:                                      |                   |           |                                    |                        |   |                                     |                          |         |                   |      |               |                          |                                |                   | Alcohol Use:                                      |               |                           |  |
|   | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow |                   |           |                                    |                        |   |                                     |                          |         |                   |      |               |                          |                                |                   | es Unknown  |               |                           |  |
| V<br>I  |   | Victim/           |           | igious L.E. Off Name (Last, First, |                        |   | uty   Othe                          | er/Un                    | know    | n _               |      | Victim of     |                          | scious   B / Age               | Other<br>Race     |   |               |                           |  |
| C<br>T  | V1  | v ictiii/         |           |                                    |                        |   |                                     |                          | Crime # | DOI               | 29   | Race          | Sex                      | To Offende                     | Resident          |   |               |                           |  |
| I   | ij  |                   | DA        | ΓA OMITTED                         |                        |   |                                     |                          | 1       |                   |      | $\mid w \mid$ | F                        |                                | ☐ Non-Resident    |   |               |                           |  |
| М -   | Home Address DATA OMIT  |                   |           |                                    |                        |   |                                     |                          |         | ГТЕО              |      |               |                          |                                |                   | Home Phone  |               |                           |  |
| •   | Employer Name/Address DATA OM   |                   |           |                                    |                        |   |                                     |                          | TTED    |                   |      |               |                          |                                | Business Phone    |   |               |                           |  |
|   | VYR   | Color Lic/Lis Vin |           |                                    |                        |   |                                     | Vin                      |         |                   |      |               |                          |                                |                   |   |               |                           |  |
| 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   | L = L<br>(Chec  | ost S<br>k "OJ"   | = Stolen  | R = Recovered                      | D = I<br>er iuri       | Damaged isdiction)  | Z = Seized                          | B =                      | Burn    | ed C=             | Cou  | unterfeit / F | orged                    | F = Found                      | 1                 |   |               |                           |  |
|   | Victim<br>#   |                   | Status    | Value                              |                        | Property Description  |                                     |                          |         |                   |      |               | Make/Model Serial Number |                                |                   |   |               |                           |  |
|   | 1   | CELLPHONE         |           |                                    |                        |   |                                     |                          | 1       | Apple/I           |      |               | ATA OMITTED              |                                |                   |   |               |                           |  |
| P -   |   |                   |           |                                    |                        |   |                                     |                          |         |                   |      |               |                          |                                |                   |   | _             | FOR                       |  |
|   |   |                   |           |                                    | _                      |   |                                     |                          |         |                   |      |               |                          |                                |                   |   | 1             | NFORMATION<br>SECURITY    |  |
| R<br>O  |   |                   |           |                                    | _                      |   |                                     |                          |         |                   |      |               |                          |                                |                   |   |               | PURPOSES                  |  |
| Р <sup>-</sup><br>Е -   |   |                   |           |                                    |                        |   |                                     |                          |         |                   |      |               |                          |                                |                   |   |               |                           |  |
| R   |   |                   |           |                                    |                        |   |                                     |                          |         |                   |      |               |                          |                                |                   |   |               | NLY THE FIRST             |  |
| Т<br>Ү -  |   |                   |           |                                    |                        |   |                                     |                          |         |                   |      |               |                          |                                |                   |   | TWE           | LVE PROPERTY              |  |
| ٠.  |   |                   |           |                                    | _                      |   |                                     |                          |         |                   |      |               |                          |                                |                   |   | т             | ITEMS ARE<br>DISPLAYED ON |  |
| -   |   |                   |           |                                    |                        |   |                                     |                          |         |                   |      |               |                          |                                |                   |   |               | P2C REPORTS               |  |
| -   |   |                   |           |                                    |                        |   |                                     |                          |         |                   |      |               |                          |                                |                   |   |               |                           |  |
|   |   |                   | ehicles S | -                                  |                        | nber Vehi   | cles Recovere                       |                          | 0       |                   |      |               |                          |                                |                   |   |               |                           |  |
| ID  | Office WAI  |                   | L. J. A   | (15882) ID                         | Officer Sig            | Officer Signature Supervisor Signature WADDELL, J. A. (15882) |                                     |                          |         |                   |      |               |                          |                                |                   |   |               |                           |  |
|   | WADDELL, J. A. (15882)  Complainant Signature  Case Stat                          |                   |           |                                    |                        |   |                                     |                          |         | Case Disposition: |      |               |                          |                                |                   |   |               |                           |  |
| Status  |   |                   |           |                                    |                        |   | ☐ Further ☐ Inact ☐ Closed ☐ Closed | tive<br>/Clea            | ared    |                   |      |               | by A                     | rest by Ano                    | Refuse<br>ther Ag | gency   | ooperate<br>[ | tradition Declined Page 1 |  |