I N	Agenc	y Nam		NSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2483569					
C	ORI	NC	NC 034	10200			REPORT							Date / Time Reported SMTWIFS Month Day Yr Time					
D E	<u> </u>		ncident(s			☐ Att At Found S 型 T W T F S							$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$						
N T	#1			, All Other F	_	☐ Att At Found SM T W T F S Last Known S Month Day Yr Time Last Known S Month Day W T F S Last Known S Month Day W T F S 04 11 2022 09:20 Hrs 04 11								Day Yr	Time				
D	#2	Crime I	ncident						Att	Location	of In	ncident						Offense Tract	
A T		Trimo I	ncident					╄	Com				d, W	inston-sa	lem N		7104 Victim Reside	321	
A	#3	JIIIIC I	ncident				☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family					
МО			d or Com					Forcible Yes							Weapon / Tools				
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Icohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I		Victim		-			uty Othe	er/Un	know	n 🗆		rnal 🔲			Other Race				
C T	Victim/Business Name (Last, First, Middle) Victim of Crime # DOB / Age Crime #														Kace	Sex	To Offender	☐ Resident	
I	` -		DA	ΓA OMITTED							1	1						□ Non-Resident □ Unknown	
M	Home Address DATA OMI									TTED						Home Phone			
,	Employer Name/Address DATA O								 IITTED						Business Phone				
	VYR	M	Model	Color Lic/Lis Vin							Vin								
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
	Victim #		Status	Value	Property Description								Mak	e/Mo	del S	erial Number			
	"						MONEY/CASH								11141	.0, 1110		ATA OMITTED	
P - R - O																		FOR	
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Т Ү .														+			TWEI	ITEMS ARE	
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	Numb		ehicles S	tolen 0		nber Vehi	cles Recovere		0				- 1	Supervisor	Signat	ire			
ID			K. D.	(15687)	Officer Sig	Officer Signature Supervisor S RATLIF								Signature FF, K. D. (15687)					
	Comp	lainant	Signatur	e	Case Status	tus Case Disposition:						□ Loc	ated			radition Declined			
Status							☐ Closed	tive /Clea	red			Cleared Cleared	by Ar	rest by And	Refuse other Ag	ency	ooperate F	Page 1	