| I N | Agenc | y Nam | | NSTON-SALE | OLICE | . IN | INCIDENT/INVESTIGATION | | | | | | | | OCA 2483784 | | | |
|-----------------------|---|--------------------|-----------|--------------------|----------------------|--------------------------------|---|----------|--------------------------|------------------|---------|----------------|----------------------------|--------------------------|---|-------------|------------------|-----------------------|
| C · | ORI | NC | | | 02102 | - | REPORT | | | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | |
| D E | 10 | | NC 034 | | | | | | | | | | 11 05 2024 10:10 Hrs. | | | | | |
| N T | #1 | Jiiiic i | nerdent(s | , Identity Ti | _ | Month Day Yr Time Month Day Yr | | | | | | | | | Time $10:05$ Hrs. | | | |
| D . | #2 | Crime I | ncident | Twentity 11 | icji | | | | \rightarrow | 11 Location | | | <i>†</i> 10 | 7.03 1113 | 11 | 10 | | Offense Tract |
| A | Com 723 Cranford St, Winston-salem No | | | | | | | | | | | | | | | | | 212 |
| T A | #3 | rime i | ncident | | | | | | ☐ Att Premise Type ☐ Com | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | |
| МО | | | d or Com | | - | Forcible ☐ Yes ☐ No | | | | | ☐ Yes [| Weapon / Tools | | | | | | |
| | # of Victims Type Non Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | lcohol Use: | | |
| 17 | 1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major | | | | | | | | | | | | | | | _ | | |
| V I | | Victim/ | | Name (Last, First, | | | uty 🔲 Out | 21/ ()11 | KIIOW | <u>" Ц</u> | | Victim of | | B / Age | Race | | | Resident Status |
| C T | V1 | | DΔ | ΓΑ OMITTED | Crime # | | | | | | 33 | | | To Offender | | | | |
| I M · | | | | IN OMITTED | | | | | | | | 1 | | | В | M | RU | Unknown |
| | Home | e Addre | ess | | ATA OMI | ITTED | | | | | | | Home Phone | | | | | |
| • | Employer Name/Address DATA (| | | | | | | | MITTED | | | | | | Business Phone | | | |
| • | VYR | M | Model | Color Lic/Lis Vin | | | | | | | Vin | | | | | | | |
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| O T | | | | | | | | | | | | | | | | | | |
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| R S | R | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | DATA | | \\ /\ | TTTE | T | ` | | | | | | |
| I N | DATA OMITTED | | | | | | | | | | | | | | | | | |
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| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen | R = Recovered | D = er iur | Damaged | Z = Seized | B = | Burn | ed C = C | Cour | nterfeit / F | orged | F = Found | i | | | |
| | Victim # | | Status | Value | Property Description | | | | | | | | Mak | Make/Model Serial Number | | | | |
| | 1 | DENTITY-INTANGIBLE | | | | | | | | 1,141 | C, 1110 | | TA OMITTED | | | | | |
| - | | | | | | | | | | | | | | | | | | FOR |
| Р - | | | | | _ | | | | | | | | | | | | IN | SECURITY |
| R O | | | | | | | | | | | | | | | | | | PURPOSES |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | ILY THE FIRST |
| Т Ү - | | | | | | | | | | | | | | | | | TWEL | VE PROPERTY ITEMS ARE |
| - | | | | | | + | | | | | | | | | | | D | ISPLAYED ON |
| - | | | | | | | | | | | | | | | | | | 2C REPORTS |
| - | N. | 67 | .1.: 1 ~ | 4-1 ^ | N, | | -1 P | | | | | | | | | | | |
| | Office | r | ehicles S | ID | | mber Vehi | Cles Recovere Officer Sig | | e e | | | | 1 | Supervisor | Signat | ıre | | |
| ID | RAT | LIFF | | (15687) | | RATLII | | | | | | | | <i>D</i> . | (15687) | | | |
| | Comp | ıaınant | Signatur | e | | | Further Investigation Unfounded Located | | | | | | | ated | | □ Exti | adition Declined | |
| Status | | | | | | | | | | | | | | e to Cooperate gency | | | | |
| | | | | | | | ☐ Closed | | | hausted | | | | ender 🗀 | | | | Page 1 |