| I N | Agenc | y Name | | NSTON-SALEN | INCIDENT/INVESTIGATION | | | | | | | OCA 2484052 | | | | | | | |
|---|---|--|-------------------------------------|--|------------------------|--|--------------------------------------|--|--|-------|--|------------------------------------|--------------------------|-------------------------------|--------------------------------|--------------------|--------------|---------------------------|--|
| C | ORI | NC | NC 034 | 10200 | | 1 | | | REP | OI | RT | | | Date / Mon | | Reported Day Yi | SMTWTFS | | |
| D E | | ncident(s | | Att At Found SMTWTFS Month Day Yr Time | | | | | | | Time 11 27 2024 19:43 Hrs. Last Known Secure SMT된TFS Month Day Yr | | | | | | | | |
| N T | #1 | | | All Other F | | Month Day Yr Time Mont | | | | | | | | | | | | | |
| D | #2 | Crime I | ncident | | | | | _ | ☐ Att Location of Incident Offense Tr ☐ Com 4790 Seminole Ct, Winston-salem NC 27127 314 | | | | | | | | | | |
| A T | #3 Crime Incident | | | | | | | | | | | | | | | | Victim Resid | | |
| A | | | | | | | | Com | | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Com | | | | | | | | | | | Forcible Yes No | X N/A | We | apon / Tools | i | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | |
| V | 1 | | | ciety Governm igious L.E. Off | | | inancial Institution | | know | . – | • | oken Bone ernal 🔲 | | Severe I | Lacera Other | tions Majo | | Yes □ Unknown No □ N/A | |
| I C | | Victim/ | Business | Name (Last, First, | | | | | | | 3 / Age | Race | | | p Resident Status | | | | |
| T I | V1 | | DA | ΓΑ OMITTED | | | | | | | $\begin{array}{c c} 70 & \\ B & \end{array}$ | | $_{F}$ | RU | ☐ Non-Resident | | | | |
| M | Home | Addre | | | | | | | | | | D | | ne Phone | Unknown | | | | |
| | | | | | ATA OMI | IITTED | | | | | | | | | | | | | |
| | Emplo | oyer Na | ıme/Addı | ress | ATA OMITTED | | | | | | | Business Phone | | | | | | | |
| , | VYR | M | ake | Model | Sty | yle | Color | | Lic | c/Lis | | | | Vin | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column i | R = Recovered frecovered for other | D = I r juri | Damaged sdiction) | Z = Seized | В= | Burn | C = 0 | Cou | nterfeit / F | orged | F = Found | i | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | e/Mo | | Serial Number | |
| - P - R _ | | | | | | | | | | | | | | PATA OMITTED FOR | | | | | |
| | | | | | + | | | | | | | | | | | | | INFORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
| O P . | | | | | _ | | | | | | | | | | | | | PURPOSES | |
| E · | | | | | + | | | | | | | | | | | | | NLY THE FIRST | |
| R T | | | | | + | | | | | | | | | | | | | LVE PROPERTY | |
| Υ . | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | | DISPLAYED ON | |
| - | | | | | _ | | | | | | | | | | | | | P2C REPORTS | |
| • | Numb | er of V | ehicles S | tolen 0 | Nun | nber Vehic | cles Recovere | d | 0 | | | | | | | | | | |
| | Office | r | | ID | | | | Officer Signature Supervisor Signature | | | | | | | | | | | |
| ID | | | <i>DER</i> , <i>J</i> . Signatur | <i>C.</i> (15741) | Case Status | | | | | | | ALEXA | ALEXANDER, J. C. (15741) | | | | | | |
| Status | p | | G | | | | ☐ Further ☐ Inact ☐X Closed ☐ Closed | r Inve tive /Clea | ıred | |] | ☐ Unfoun ☐ Cleared ☐ Cleared | ded by Ai by Ai | Local crest Crest by Ano | Refuse ther Ag | gency | ooperate | tradition Declined Page 1 | |