I N	Agenc	y Name		VSTON-SALEN	OLICE	INCIDENT/INVESTIGATION							OCA 2506855							
C	ORI	NC	NC 034	10200				REPORT							Date / Time Reported SMTWTES Month Day Yr Time					
D E			ncident(s		Att At Found SMTWTFS  Month Day Yr Time								Day   Time   Time   O2   28   2025   15:54 Hrs.							
N T	#1		ioraem(s	, Discharging F	irea	ırm		ı —	Com	Month 02	D			ime 5:54  Hrs				Tin   55   15:	ne	
D	#2	Crime I	ncident						$\rightarrow$			Incident	)   15	7.54	7 02		.0   202	Offen	nse Tract	
Α	Com 107 Avondale St, Winston-salem NC																	1	13	
T A	#3	rime I	ncident		☐ Att Premise Type ☐ Com							Victim Residence Type  ☐ Single Family ☐ Multi Family								
МО			d or Com											Forcible  Yes  No	X N/A	We	apon / Too	ls		
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															l Use:				
*7	1 Society Government Financial Institute Broken Bones Severe Lacerations Internal Unconscious Other Major No NA															-				
V I															Race				]N/A ident Status	
C T	V1		DAT	ΓA OMITTED		Crime #						To Offeno	ler 🗀 I	Resident Non-Residen						
I M				IA OMITTED			1,										Unknown			
IVI ·	Home Address DATA ON								IITTED							Home Phone				
,	Emplo	yer Na	me/Addi	ATA OMI	TA OMITTED								Business Phone							
,	VYR	Color Lic/Lis Vin						Vin												
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim			Property Description								Mak	e/Mo	ıdel	Serial N	Jumber				
,	#	# DCI Status Value OJ QTY							Property Description						IVIAN	DATA OMITTED				
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-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0											
ID	Office		7 I D	ID (16289)		Officer Sig	Officer Signature   Supervisor Signature													
ID			Signatur				Case Status							JAWE	ERSON, B. M. (15386)					
Status	r		<u> </u>				☐ Further  ☐ Inact ☐ Closed ☐ Closed	r Inve ive /Clea	ıred			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Loc rest [ rest by Ander [	Refuse other Ag	gency	ooperate		on Declined Page 1	