I N	Agenc	y Name		STON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2507033					
I C	ORI	NC	NC 034	10200				REPORT								Date / Time Reported SMTWTFS Month Day Yr Time			
D E			ncident(s			☐ Att At Found							03 02 2025 02:29 Hrs. Last Known Secure S M T W T F S						
N T	#1			, Aggravated A	ı —	Month Day Yr Time Month Day								Day Yr 🖰	Time				
D.	#2	Crime I	ncident						Att	Location	ı of	Incident					<u> </u>	Offense Tract	
A T	Crime Incident Com 2554 Tantelon Pl, Winston-salem N																27 Victim Resider	323	
A	#3	Jillie I	neident						Com	Tremise	1 9 1	DC .						lce Type ly	
МО			d or Com			Forcible ☐ Yes ☐ No						Weapon / Tools							
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:			
17	1 Society Government Financial Institute Broken Bones Severe Lacerations Unconscious Other Major N/A															_			
V I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race			Resident Status	
C T	V1		DA	ΓA OMITTED	Crime #					35			To Offender	Resident Non-Resident					
I M ·				TA OMITTED					1,			В	M		Unknown				
	Home Address DATA OM									TTED						Home Phone			
	Emplo	oyer Na	me/Addi	ress	ATA OMI	IITTED							Business Phone						
	VYR	Color Lic/Lis Vin							Vin										
O																			
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R S																			
	DATA OMITTED																		
I N	DATA OMITTED																		
V	v																		
O L																			
V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered f recovered for other	D = : r jur	Damaged isdiction)	Z = Seized	B =	Burn	C = 0	Cou	ınterfeit / F	orged	F = Found	i				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	Make/Model Serial Number			
- - P -	п	" Troperty Beautipus"													TA OMITTED				
																	n	FOR	
					_													FORMATION SECURITY	
R O					_													PURPOSES	
Р ⁻ Е -																			
R																		LY THE FIRST	
Т Ү -																		VE PROPERTY	
-					\dashv													SPLAYED ON	
-																		2C REPORTS	
_																			
			ehicles S			nber Vehi	cles Recovere		0				ı	Cuparvias -	Cianat	1120			
ID	Office: PER	RELI	., A. J.	ID (16180)	Officer Sig	Officer Signature Supervis								or Signature ERVILLE, T. J. (16036)					
	Comp	lainant	Signatur	e	Case Statu	tus Case Disposition:							nted		□ Evtr	adition Declined			
Status						Inact	☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate							ooperate	action Decimed				
								Closed/Cleared Cleared Death of Offender Prosecu									Page 1		