| I N | Agenc | y Name | | NSTON-SALE | OLICE | , IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2508270 | | | | | |
|--------------------|--|--------------------------|----------------------|----------------------|----------------------|--|----------------------------------|--|------------|---|------|-----------------|----------------------|--|-------------------------------|----------------|----------------------------|------------------------------|--|
| C · | ORI | NG | | | 02102 | REPORT DE | | | | | | | | Date / | Date / Time Reported SMT+ TFS | | | | |
| D E | 10 | | NC 034 | | | Att At Found SMTMTFS Month Day Yr Time | | | | | | | TES | Day 11 Time 12 2025 18:22 Hrs. Last Known Secure S M T H T F S Month Day Yr Time | | | | | |
| N T | #1 | Jimic II | nerdent(s | Truck Th | eft | | | ı — | Com | Month 03 | D | | | lime 3:22 Hrs | | | Day Yr 🖰 | Time $18:21$ Hrs. | |
| D . | #2 | Crime I | ncident | 170000 170 | <u> </u> | | | | - | Location | | |) 10 | 0.22 111. | 31 03 | | | Offense Tract | |
| A | Com 3536 Vest Mill Rd, Winston-salem N | | | | | | | | | | | | | | | | | 321 | |
| T A | #3 | rime i | ncident | | | | | | Att Com | Premise | тур | pe | | | | - 1 | Victim Reside Single Fami | nce 1ype ly ∏Multi Family | |
| МО | How Attacked or Committed Forcible DATA OMITTED Yes | | | | | | | | | | | | | Forcible Yes No | Weapon / Tools | | | | |
| | # of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | lcohol Use: | | | |
| 3.7 | 1 Society Government Financial Institute Broken Bones Severe Laceration Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other M | | | | | | | | | | | | | | | | | | |
| V I | | Victim/ | | Name (Last, First, | | | uty 🔲 Out | 21/ ()11 | KIIOW | <u>" </u> | | Victim of | | 3 / Age | Race | <u> </u> | Relationship | Resident Status | |
| C T | V1 | | DA' | ΓΑ OMITTED | | | | | | | | Crime # | | - | | | To Offender | Resident Non-Resident | |
| I M · | | | | IN OMITTED | | | | | | | | 1, | | | | | | Unknown | |
| | Home Address DATA OMI | | | | | | | | | ITED | | | | | | Home Phone | | | |
| • | Employer Name/Address DATA OM | | | | | | | | TTED | | | | | | | Business Phone | | | |
| • | VYR 0 | | ake OODG | Model RAM | Color | | | | | | | 6RR6FG6PS535568 | | | | | | | |
| | U | | ODG | IVAINI | <u> </u> | <u>D</u> | VVIII | | | LA 1 0 2 4 | 4, 1 | I A | | 1001 | INOFC | 101 3 | 333300 | | |
| О | | | | | | | | | | | | | | | | | | | |
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| Status | S L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found | | | | | | | | | | | | | | | | | | |
| Codes | (Chec | k "OJ" | column | if recovered for oth | er jur | isdiction) | Z = Scized | | Duin | | | micricit / I | Orged | 1 - 1 out | | | | | |
| | # | DCI | Status | Value | Property Description | | | | | | | | | e/Mo | | erial Number | | | |
| - - P - R | 1 | CO 7 1 0 WHI, ZXT0244 PA | | | | | | | | DODG | Ram | DA | ATA OMITTED FOR | | | | | | |
| | | | | | \dashv | | | | | | | | | | | | IN | FORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
| O P - | | | | | | | | | | | | | | | | | | PURPOSES | |
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| R T | | | | | | | | | | | | | | | | | | VE PROPERTY | |
| Y | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | \Box | | | | | | | | | | | | | ISPLAYED ON | |
| - | | | | | \dashv | | | | | | | | | | | | I | 2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 1 | Nur | nber Veh | icles Recovere | d | 0 | | | | | | | | | | |
| ID | Office SNI | r DFR | A. P. (1 | IE 16152) |)# | | Officer Sig | Officer Signature Supervisor Signature | | | | | | | | | | | |
| ıυ | | | A. F. (1 Signatur | | | I | Case Status Case Disposition: | | | | | I LIIVI | FLYNN, J. L. (15605) | | | | | | |
| Status | | | = | | | | r Investigation ☐ Unfounded ☐ Lo | | | | | | rest Loc | ated | e to C | Ext | radition Declined | | |
| siaius | ☐ Inactive ☐ Cleared by Arrest ☐ Refus ☐ Closed/Cleared ☐ Cleared by Arrest by Another A ☐ Closed/Leads Exhausted ☐ Death of Offender ☐ Prose | | | | | | | | | | | | other Ag | gency | Г | Page 1 | | | |