							_										
I N	Agency Name WINSTON-SALEM POLICE							INCIDENT/INVESTIGATION					OCA 2223726				
C I	ORI						REPORT						Date / Time Reported S M T W T F S Month Day Yr Time				
D			NC 034									05 16 2022 18:02 Hrs.					
E N	#1	Crime I	ncident(s				□ Att At Found S型TWTFS Month Day Yr Time					Last Known Secure Month Day Yr Time					
Т	$\square Larceny-All Other \qquad \square Com 05 16 2022 18:02 $												16		18:02 Hrs. Offense Tract		
D A) #2 Automobile Theft														322		
Т	#3 Crime Incident														nce Type		
A								Com					Single Family Multi Family				
МО			d or Con MITTEI								Forcible	X N/A	Weapor	/ Tools			
	# of Victims Type Rerson Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																
		letins	\square So	_	acerations												
V	I \Box Religious \Box L.E. Officer Line of Duty \Box Other/Unknown \Box Internal \Box Unconscious \Box													Other Major No N/A			
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Crime # 33													ationship Offender	Resident Status		
T I	V1		DA	TA OMITTED)						55		M	onender	Non-Residen		
M	1,2											D			Unknown		
	Home Address DATA OMITTED												Home Phone				
	Employer Name/Address DATA OMI								TTED				Business Phone				
	VYR 0	M	ake	Model		tyle OT	Color WHI		c/Lis CM9618	87 NC	Vin	I					
	0					<u>, , , , , , , , , , , , , , , , , , , </u>	,,,,,,		011/010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
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	DATA OMITTED																
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v																	
O L																	
V																	
E D																	
Status	L = L	ost S	= Stolen	R = Recovered	D =	Damaged	Z = Seized	B = Buri	ned $C = 0$	Counterfeit / F	orged F = Fou	nd					
Codes	(Chec	k "OJ"	column	if recovered for ot	her ju	risdiction)					<u> </u>						
	Victim # DCI Status Value OJ QTY						Property Description					Mak	e/Model		erial Number		
							10VING DOLLY WHI. CM96187 NC					DATA OMITTED FOR					
	1	1 TRA 7 1 0 WHI, CM96187 NC											IN	FORMATION			
P · R															SECURITY		
0															PURPOSES		
P E·																	
R. T															VLY THE FIRST		
Y ·														1 11 121	ITEMS ARE		
														D	ISPLAYED ON		
														F	2C REPORTS		
	Num	Number of Vehicles Stolen I Number Vehicles Recovered I/I															
	Office	r		I	Nu D#	mber vehi	Officer Sig	. 0			Superviso	or Signatu	re				
ID	SHE	RME		. (16239)						Cor D'	KELT	NER, J.	<i>B</i> . (15.	331)			
	Complainant Signature Case Status Case Disposition: □ Further Investigation □ Unfounded □ Loo													□ Ext	radition Declined		
Status											☐ Refuse		erate				
									hausted	\square Death of	f Offender	Prosec	ution Dec	lined	Page 1		