| I N | Agency Name WINSTON-SALEM POLICE INCIDENT/INVESTIGATION | | | | | | | | | | | | | OCA 2224315 | | | | | |
|---|---|----------------------|--------------------|---------------|----------------------|-----------|--------------------------------|------------|--------------|----------|--------------------------------|--------------|-------------------------|---|---|-----------------------|-----------------------|------------|--|
| C I D E N | ORI | | | | | | REPORT | | | | | | | Date / Time Reported SMTWIFS Month Day Yr Time | | | | | |
| | | | NC 034 | | | | Att At Found S M T W ⊒ F S | | | | | | | 05 19 2022 18:11 Hrs | | | | | |
| | #1 | _rime i | ncident(s | | a | | Att | Mont | h | Day Yr | : ! | <u> Fime</u> | | | Secure Yr | Time | | | |
| Т | | Crime I | ncident | Drug Viola | mon | S | | □ Att | 05 Locati | | <u>19 202</u> of Incident | 2 18 | 8:11 Hrs | s 05 | 19 | 2022 | 2 18:11 Offense | | |
| D A T A |) $\#2$ Denomber of the Denomber of the Equipment $\#2$ 100 N Second S(4) Second S(4) | | | | | | | | | | | | | | 1-saler | n NC | 111 | | |
| | #3 Crime Incident | | | | | | | | | | | | | | | | lence Typ | | |
| A | | A 441 | d or Com | | | | | Com | | Forcible | | | | | | - | nily ∏Mu | lti Family | |
| MO | | | a or Com MITTEE | | | | | | | | | | Forcible Yes [No | X N/A | weapo | on / Tools | 5 | | |
| V I | Society Government Financial Institute Broken Bones Severe | | | | | | | | | | | | | | □ Loss of Teeth Drug/Alcohol Use: re Lacerations □ Yes □ Unknown | | | | |
| | Religious L.E. Officer Line of Duty Unter/Unknown I Internal Unconscious | | | | | | | | | | | | | | Major Sex Re | | | A A | |
| Ċ | Crime # | | | | | | | | | | | | | | | elationshi Offende | | | |
| T I | V I | | DAT | FA OMITTED | | | | | | | 1,2 | | | | | | | n-Residen | |
| М | Hom | e Addre | ss | | | | | | | | -,_ | | | | Home | Phone | | known | |
| | | | | | | D | ATA OMI | TTED | | | | | | | | | | | |
| | Employer Name/Address DATA OMITTED | | | | | | | | | | | | | | Busine | ss Phone | | | |
| | VYR | M | ake | Model | St | yle | Color Lic/Lis Vin | | | | | | | | | | | | |
| E R S V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status | L = L | ost S | = Stolen | R = Recovered | D_= | Damaged | Z = Seized | B = Burr | ned C | = Co | ounterfeit / I | Forged | F = Foun | d | | | | | |
| Codes P - R - O P - | Victin | | | | | Í | | | | | | | | | | | | | |
| | # | DCI 10 | Status EVID | Value | OJ | QTY 1 | MARIJUANA | Property | Descri | otion | 1 | | | Mak | e/Mode | | Serial Nur DATA OM | | |
| | | 11 | 6 | | GLASS MARIJUANA PIPE | | | | | | | | | | FO | | | | |
| | | 25 | | HAND BAG | | | | | | | INFORMATION | | | | | | | | |
| | | 25 FOUN 1 DUFFLE BAG | | | | | | | | | | | | | | SECUR | | | |
| | | 77 FOUN 1 GLASS JAR | | | | | | | | | | | | | PURPC | DSES | | | |
| E · | | | | | | | | | | | | | | | | | ONLY TH | EFIRST | |
| R T Y | | | | | | | | | | | | | | | | | ELVE PRO | | |
| | | | | | | | | | | | | | | | | | ITEMS | ARE | |
| | | | | | | | | | | | | | | | | | DISPLAY | | |
| | | | | | | | | | | | | | | | | | P2C REP | ORTS | |
| | Numb | er of V | ehicles S | tolen 0 | Nur | mber Vehi | cles Recovere | d 0 | | | | | [| | | | | | |
| | Office | r | | II | D# | | Officer Sig | - | | | | | Supervisor | Signatu | re | | | | |
| ID | WAGONER, K. B. (15655) Case Status Case Disposition: | | | | | | | | | | | | | Y, J. R. (15174) | | | | | |
| Status | □ Further Investigation □ Unfounded □ Located | | | | | | | | | | | | stradition | | | | | | |
| | | | | | | | | l/Leads Ex | hausted | | Death of | | | Prosec | | eclined | Pag | ge 1 | |