| I N | Agenc | y Namo | | NSTON-SALE | M P | OLICE | IN | CIDENT/INVESTIGATION | | | | | OCA 2239789 | | | | | | | | |
|---|--|----------------|---|------------------------|--------|-------------|----------------------------------|---|------------------------------|-----------------------|--|-----------------------|--|---|---------------|--|--------|-------------------|--|--|--|
| I . | ORI | NC | NC 034 | 10200 | | |] | REPORT | | | | | Date / Time Reported S M T W T F S Month Day Yr Time 08 17 2022 03:22 Hrs. | | | | | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | | ☐ Att At Found SMT₩ | | | | | | | | | | | |
| N T | #1 | | | 1g Threats -intir | nide | ation. No | n Physical | Month Day Yr Time X Com 08 17 2022 03:22 H | | | | | | Month Day Yr Time | | | | | | | |
| D. | | | ncident | .8 | | , | | | ☐ Att Location of Incident | | | | | | Offense Tract | | | | | | |
| A | | | | | | | | ☐ Com 2521 Atwood Rd, Winston-salem | | | | | | n NC | | | | | | | |
| T A | #3 | Crime Incident | | | | | | ☐ Att Premise Type ☐ Com | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | | | |
| МО | | | d or Committed MITTED Forcible Weapon / Tools Yes ▼N/A No | | | | | | | | | | | | | | | | | | |
| V I | # of V | ictims | Type | ▼ Person | П | Business | | | | Injury | ☐ None | | | Loss o | f Teet | h Drug | 'Alcoh | ol Use: | | | |
| | 1 | | | ciety Governm | | | inancial Institu | | | . – | Broken Bone | | Severe | | | | | □Unknown | | | |
| | Religious L.E. Officer Line of Duty Guier/Unknown Internal Unconscious Other | | | | | | | | | | | | | | | er Major No N/A Sex Relationship Resident Status | | | | | |
| C | V1 | v ictiii/ | | | IVIICI | aic) | | | | | Crime # | DOL | 33 | Race | Sex | To Offend | er 🗆 | Resident | | | |
| T I | * 1 | | DA | TA OMITTED | | | | | | | 1, | | | $\mid w \mid$ | M | IAQ | | Non-Reside | | | |
| М - | Home | Addre | SS | | | | ATA OMIT | rted |) | | | | | | | e Phone | | Unknown | | | |
| | Emplo | oyer Na | me/Add | ress | | | ATA OMI | | | | | | | | Busi | ness Phone | | | | | |
| | VYR | M | ake | Model | Sı | tyle | Color | | Lic/l | Lis | | | Vin | | | | | | | | |
| | | | | 1 | | | | | | | | | | | | | | | | | |
| T H E R S I N V O L V E D | I - I | out. S | Stalon | R = Recovered | D | Domocod | DATA | | | | | | E - Foun | 1 | | | | | | | |
| Status Codes | (Chec | k "OJ" | column | if recovered for other | er ju | risdiction) | Z = Seizeu | D = D | urne | u C=C | ounterrent / F | orgeu | r = round | | | | | | | | |
| | Victim # | DCI | Status | Value | OJ | QTY | | Prope | erty D | Description | l . | | | Mak | e/Mo | | | Number OMITTED | | | |
| P - R - O | | | | | | | | | | | | | | | | | | FOR | | | |
| | | | | | | | | | | | | | | | | | | RMATION CURITY | | | |
| | | | | + | | | | | | | | | | | | | | RPOSES | | | |
| Р - | | | | | | | | | | | | | | | | | 10. | KI OBLB | | | |
| E - R | | | | | | | | | | | | | | | | (| ONLY | THE FIRST | | | |
| T Y | | | | | | | | | | | | | | | | TW | ELVE | PROPERTY | | | |
| | | | | | | | | | | | | | | | | | | EMS ARE | | | |
| | | | | | | | | | | | | | | | | | | LAYED ON | | | |
| - | | | | | | | | | | | | | | | | | P2C | REPORTS | | | |
| - | Numb | er of V | ehicles S | tolen 0 | Nııı | mher Vebi | cles Recovere | d 0 |) | | | | | | | | | | | | |
| | Office | r | | ID | | moei veille | Officer Sig | | | | | | Supervisor | Signati | ıre | | | | | | |
| ID | HINES, K. J. (16247) | | | | | | | | | KRA) | | | | | | VCZYK, K. K. (14788) | | | | | |
| Status | Comp | lainant | Signatur | e | | | Case Status Further Inact Closed | r Invest ive /Cleare | ed | on | Case Dispos Unfoun Cleared Cleared Death o | ded by Ar by Ar | Locarrest Trest by Anonder | Refuse ther Ag | gency | ooperate | | ion Declined | | | |

DCI-600F