I N	Agenc	y Name		NSTON-SALE	OLICE	IN	CIDENT/INVESTIGATION REPORT						OCA 2239913								
I C	ORI	NC	NC 034	10200				REPORT						Date / Time Reported SMTWTFS Month Day Yr Time 08 17 2022 18:05 Hrs.							
D E	10		ncident(s					☐ Att At Found SMT₩TF					TI FI SI						5 Hrs.		
N	#1			, 1g Threats -intir	nida	ation No	n Physical	□ A	1	Month	Day Yr	Т	'ime					Time			
Τ.			ncident	ig Inreais -iniir	niac	iiion, ivo	n i nysicai		00 17 2022 10:03							7 202		18:05 ffense			
D A	#2							ı —	Com 4029 Hilda St, Winston-salem NC 27101									224			
T	#3	Crime I	ncident						Att Premise Type						Victim Residence Type						
A									Com						☐ Single Family ☐ Multi Family						
МО	How Attacked or Committed DATA OMITTED									Forcible Yes						Weapon / Tools					
	# of V	ictims	Туре	▼ Person		Business				Injury	X None			Loss o	f Teet	h Dru	g/Alc	ohol Us	se:		
			☐ So	ciety Governm	ent	□ F:	inancial Institu			l l	Broken Bone					1	-		ıknown		
V	T ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ № No ☐ N/A															Ά					
I C															Resident Status To Offender Resident Status Resident						
T	V1		DA	TA OMITTED									59	117					-Resident		
I M ·											1,			W	F 1NE Unkno				nown		
	Home	Addre	SS			D.	ATA OMI	ΓΤED							Home Phone						
•	Employer Name/Address DATA OMI									TTED					Business Phone						
•	VYR Make Model Style						Color Lic/Lis Vin					Vin									
				•	•							•									
O T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = er iur	Damaged isdiction)	Z = Seized	B = B	urne	$\mathbf{C} = \mathbf{C}\mathbf{c}$	ounterfeit / F	orged	F = Found	d							
	Victim			Value	QTY		Property Description							ake/Model Serial Number				iher			
P - R _	# DCI Status Value OJ QTY						Troporty Description							17141	DATA OMITTE						
																		FOR			
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O P -																	P	URPO	SES		
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-	Numb	er of V	ehicles S	Stolen 0	Nui	mber Vehic	cles Recovere	d 0					<u> </u>								
	Office	r		ID			Officer Sig						Supervisor	Signati	ire						
ID			A. (15											S, P. M. (15679)							
	Comp	lainant	Signatur	e			Case Status		- I							1	Extra	dition F	Declined		
Status							☐ Inact ☐ Closed ☐ Closed	ive /Cleare	d		Cleared	by Ar	rest by Ano	Refuse ther Ag	gency	ooperate Declined	_	Page			