I N	Agenc		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2252707									
C	ORI	NC	NC 02	40200		1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10	NC 034		☐ Att │ At Found │ ➡ M T W T F S						10 30 2022 17:40 Hrs.									
N T	#1		, phernalia- Usin	ı —	☐ Att At Found S M T W T F S Last Known So Month Day Yr Time Last Known So Month Day X Com 10 30 2022 17:40 Hrs 10 30								Day Yr 🖰	Time $17:40$ Hrs.					
D	#2	Crime I	ncident	r	o' -	-1p		_	Att		_	f Incident	2 17	7.40	- 10			Offense Tract	
A		7 T	! 4 4				_	Com 4684 N Patterson Av, Winston-salem 1 Att Premise Type									124		
T A	#3	Jillie 1	ncident						Att Com	Premise	: 1 y	pe				- 1	Victim Reside ☐ Single Fami	ly □Multi Family	
МО			d or Com					!	!					Forcible Yes	X N/A	We	apon / Tools		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
	Magazian Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unknow															es Unknown			
V I		Victim/		igious L.E. Off Name (Last, First,			uty Othe	er/Ur	nknow	n [] Iı	victim of		nscious [B / Age	Other Race	<u> </u>			
C T	V1				/				Crime #		3, rige	race	Бел	To Offender	☐ Resident				
I M			DA	ΓΑ OMITTED					1,						☐ Non-Resident☐ Unknown				
IVI ·	Home Address DATA OMIT									TTED						Home Phone			
•	Employer Name/Address DATA OMI								TTED						Business Phone				
	VYR	Color Lic/Lis Vin							Vin										
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
	Victim #		Status	Value	Property Description								Mak	e/Mo	ndel Se	erial Number			
	#	GLASS PIPE	* * *							Iviai	10,1110		ATA OMITTED						
- P -																	D	FOR	
																	IN	SECURITY	
R O																		PURPOSES	
P :																			
R																		ILY THE FIRST	
Т Ү .																	TWEL	VE PROPERTY ITEMS ARE	
					-												D	ISPLAYED ON	
																		2C REPORTS	
	Numb		ehicles S	tolen 0		mber Vehi	cles Recovere Officer Sig		0				-	Supervise	Signat	ıre			
ID	TAY	LOR,	J. C. (1			Officer Sig	natu	16					Supervisor REYN	OLDS,	S. A	. (15618)			
	Complainant Signature Case State									tion	1	Case Dispos			ated			radition Declined	
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared			☐ Cleared	l by Ai	☐ Loc rrest ☐ rrest by Ander ☐] Refuse other Ag	gency	looperate	Page 1	