I N	Agenc	y Name		NSTON-SALEN	IN	ICIDENT/INVESTIGATION						OCA 2304479									
I C	ORI	NC	NC 034	10200				REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E		Crime I		Att At Found								O1 30 2023 O9:13 Last Known Secure SM T W T Month Day Yr Time									
N T	#1 Wspd-disturbing The Peace							_	Com	Month 01	Γ								Time		
D.	#2	Crime I	ncident	1 0	Location	cation of Incident Offense T								ffense Tract							
A T	Crime Incident Com 4055 Sheraton St, Winston-salem .																05 Victim Re	idone	121	_	
A	#3	Jillie I	neident					☐ Att Premise Type ☐ Com								☐ Single Family ☐ Multi Family					
МО			d or Con MITTEI		Forcible ☐ Yes ☐ No						Weapon / Tools										
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															ohol Use:					
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_	'n				
V I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Ra														- -	ee Sex Relationship Resident Status					
C T	V1		DΛ	ΓΑ OMITTED								Crime #					To Offen	der	☐ Resident ☐ Non-Resid	doni	
I M ·				IA OMITTED								1,							☐ Non-Resid		
141	Home Address DATA OMIT									ГТЕО						Home Phone					
	Employer Name/Address DATA OMI								TTED						Business Phone					_	
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V E																					
D																					
Status Codes																					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	Nake/Model Serial Number					
	π										17141	10, 1110	, , , , , , , , , , , , , , , , , , , ,		A OMITTEE)					
P -																		TO IT	FOR	_	
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R																	CD11		Y THE FIRS	—I	
Т Ү																	TV		E PROPERT TEMS ARE	<u>Y</u>	
-																			PLAYED ON	<u></u>	
-																			C REPORTS		
-			1.1.	. 1		1 ****	1 5			· ·										_	
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature													\dashv							
ID	BOY	E. W. (JACO							SS, A.	P. (14962)			_					
	Complainant Signature Case State									tion		Case Dispos	ded	□ Loc	ated		П	Extra	dition Decline	ed	
Status					☐ Inact	tive				Cleared	by A	rest rest by And	Refuse	e to C	ooperate	_					
							☐ Closed			hausted		Death o						1	Page 1	-	