| I N | Agenc | y Name | WIN | NSTON-SALE | M P | POLICE | INCIDENT/INVESTIGATION | | | | | | OCA 2304541 | | | | |
|---------------------------------------|-------------------------------|--------------|--------------------------|---------------------------------------|----------|-----------|------------------------|--|---------------------------|---------------|----------|---|---|---------------------|----------|--|--|
| C · I | ORI | | | | 0 21 0 2 | REPORT | | | | | | Date / Time Reported S H T W T F S Month Day Yr Time | | | | | |
| D E N | | | NC 034 | | | | | | | | | 01 30 2023 16:21 Hrs. | | | | | |
| | #1 | frime li | ncident(s | | | 0 0 | | ☐ Att ∑ Com | At Fou Month | n Day 🖢 | Ýr | VTFS Time | | nown Sec Day | Yr - | S ∰ T W T F S Time | |
| Т. | | Crime I | I ncident | raffic Accident | -pp (| Or Pva | | Att | 01 Locatio | <u>30</u> 20 | | 6:21 Hrs | s 01 | 30 | | <u>16:21</u> Hrs. Offense Tract | |
| D A | #2 | | | | | | | | | E Third St | | ton-salem | NC 271 | 01 | | 221 | |
| T A | #3 | Crime I | ncident | | | | | Att Premise Type | | | | | Victim Residence Type □ Single Family □ Multi Family | | | | |
| МО | | | d or Con MITTEI | | | | | | | | | Forcible □ Yes □ No | | Weapon / | | <u>. </u> | |
| V I | # of V | ictims | Туре | □ Person | П | Business | | | Inju | ury □ Nor | ne 🗆 l | | Loss of ' | Teeth | Drug/A | lcohol Use: | |
| | O Government Givernment Sever | | | | | | | | | | | | | | | es □Unknown | |
| | | Victim/ | | Name (Last, First. | | | | er/Unknov | vn [| Internal | - | B / Age | Other M | - | No No | D □N/A Resident Status | |
| C T | V1 | | | | | | | | | Crime # | | D / Mge | | | ffender | □ Resident | |
| Ι | | | DA | TA OMITTED | | | | | | | | | | | | □ Non-Residen □ Unknown | |
| M · | Home | Addre | SS | | | Л | ΔΤΔ ΟΜΙ | TA OMITTED | | | | | Home Phone | | | | |
| | Emplo | oyer Na | me/Add | ress | | | ATA OMITTED | | | | | | Business Phone | | | | |
| | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | | Vin | | | | | |
| | | | | | | | | | | | | | | | | | |
| T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | |
| Status Codes | | | | R = Recovered if recovered for oth | | | Z = Seized | B = Buri | ned C = | = Counterfeit | / Forgeo | f = Foun | ıd | | | | |
| - - P - | Victim # | DCI | Status | Value | OJ | QTY | | Property | Descrip | tion | | | Make | Model | Se | erial Number | |
| | | | | | | | | | | | | DA | ATA OMITTED | | | | |
| | | | | | | | | | | | | | | | | FOR | |
| | | | | | | | | | | | | | | | 11 | NFORMATION SECURITY | |
| R O | | | | | | | | | | | | | | | | PURPOSES | |
| P · | | | | | | | | | | | | | | | | | |
| E- R | | | | | | | | | | | | | | | ON | NLY THE FIRST | |
| T Y - | | | | | | | | | | | | | | | TWEL | VE PROPERTY | |
| - | | | | | | | | | | | | | | | | ITEMS ARE | |
| - | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | | | | | | | | | | | | | | | | | |
| | Numb | er of V | ehicles S | Stolen 0 | Nu | mber Vehi | cles Recovere | d 0 | | | | ' | | | | | |
| ID | Officer CRC | r DALI | DF | (16110) ^{II} | D# | | Officer Sig | nature | ture Supervisor Signature | | | | | | | | |
| Status | | | <u>D. L.</u> Signatur | | | | □ Inact | e Status Case Disposition: Further Investigation Cleared by Arrest Closed/Cleared Cleared Cleared Cleared by Arrest by An | | | | | | Refuse to Cooperate | | | |
| | | | | | | | X Closed | | hausted | | h of Off | ender \Box | Prosecu | tion Decl | ined | Page 1 | |