I N	Agenc	y Name		VSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2304551					
C I	ORI			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time							
D E	NC NC 0340200 Crime Incident(s)								☐ Att At Found							Day 17 Time 17:41 Hrs. Last Known Secure SMT WTF S Month Day Yr Time Month Day Yr M			
N T	#1			, raffic Accident- _l	on O	r Pva		_	Com	Month 01			Time 7:41 Hr:			Day Yr 🗀	Time $17:41$ Hrs.		
D	#2	Crime I	ncident	1	r				-		of Incider		7.41	- TOI			Offense Tract		
A		7 T						☐ Com 3474 Robinhood Rd, Winston-s					alem 1	em NC 27106 324 Victim Residence Type					
T A	#3	Jime I	ncident						Com	Pielilise	уре						lice Type ly ∏Multi Family		
МО			d or Con						!				Forcible Yes	N/A	We	apon / Tools	· - ·		
	DATA OWITTED																1 1 1 7 7		
	# of Victims Type																		
V	<i>0</i>		Rel	igious 🔲 L.E. Off	icer L	ine of Du			know		Internal			Other		Major No No			
I C		Victim/	Business	Name (Last, First,	Middl	e)		Victim of DOB /					B / Age	Race	Sex	Relationship To Offender	Resident Status Resident		
T I	V1 DATA OMITTED																☐ Non-Resident		
M	Home Address														Hon	ne Phone	Unknown		
	DATA OMI														Business Phone				
							TA OMITTED						Business I noic						
	VYR	M	ake	Model	Sty	le	Color		Lic	/Lis			Vin						
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 for other	D = D r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit	/ Forge	f F = Four	ıd					
	Victim # DCI Status Value OJ QTY						Property Description							Mak	ce/Mo	odel Se	rial Number		
- - P - R																DA	TA OMITTED		
					_								-			IN	FOR FORMATION		
					+								+			111	SECURITY		
ο .					\top												PURPOSES		
P .																			
R					_												LY THE FIRST		
Т Ү .					+												VE PROPERTY ITEMS ARE		
-					+								-				SPLAYED ON		
-					+												2C REPORTS		
			ehicles S	tolen 0		ber Vehic	cles Recovere		0				la ·	a.					
ID	Office:		Officer Sig	natur	e				Supervisor (0)	sor Signature									
	GILLIS, S. M. (15854) Complainant Signature Case Sta								s Case Disposition:										
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red		Clea	red by A red by A	Locarrest Locarrest by Ander] Refuse other Ag	gency	Cooperate	Page 1		