I N	Agenc	y Name		NSTON-SALEN	1 P	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2308862				
I C	ORI	NC	NC 034	10200			REPORT							Date / Time Reported S M T W T F S Month Day Yr Time 03   01   2023   13:14 Hrs.					
D E	17		ncident(s						V.F. 1	l cl w	त का ज	ᆔᆔᆼ	03				13:14 Hrs. T# TF S		
N	#1					a .	At	M	At Found Ionth	Day Yr	Т	T F S			n Secure Day Yr	Ti	me		
Τ.			ncident	vice-non Crimin	Service	X Com   03   01   2023   13:14   Ha						<del></del>							
D	#2	Jrime I	ncident					Att   Location of Incident   Com   1641 W Northwest By - G, Win						nston-salem NC Offense Tract 321					
A T	Crime Insident													sion-s	Victim Residence Type				
A	#3									1 **					☐ Single Family ☐ Multi Family				
	How A	Attacke	d or Com	nmitted				Forcible						Weapon / Tools					
MO	D	ATA O	MITTEL	)									☐ Yes	<b>X</b> N/A	/A				
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															ol Use:			
	# 01 <b>v</b>	icuins	Type	☐ Person	_	Business	nancial Institu	ıte		1 .	☐ None Broken Bone	□M		_		_			
V	0 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major																		
I	,	Victim/		Name (Last, First,			· <u> </u>				Victim of		B / Age	<del>-</del>	Sex Relationship Resident Status				
C T	V1		DAT	EA OMITTED							Crime #					To Offend		Resident	
I			DA	ΓA OMITTED													—	Non-Resident Unknown	
М .	Home	Addre	SS												Home Phone				
		DATA OMITTED																	
	Empl	oyer Na	me/Add	ress		D	ATA OMI	MITTED							Business Phone				
	VYR	I M	ake	Model	yle	Color   Lic/Lis						Vin							
	, 110		unc	Moder		<i>y</i> 10	Color		Dic, L				· III						
H E R S I N V O L V E D	DATA OMITTED																		
Status																			
Codes	Victim		column	ir recovered for othe	er jur	isdiction)													
	# DCI Status Value OJ QTY						Property Description							Mal	e/Mo			Number	
P -											DATA OMITTED FOR								
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-																			
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	eles Recovere	d 0											
	Office	r		ID		- Carre	Officer Sig					T	Supervisor	Signat	ure				
ID	SOJ	KA, D	. A. (1:	5535)			Ŭ	BRAN						SON, E. M. (14921)					
	Comp	lainant	Signatur	e			Case Status									_ F	vtrodie	ion Declined	
Status							☐ Further ☐ Inact ☐ Closed	ive /Cleare	d		☐ Cleared	by Ar	☐ Loc rest ☐ rest by And nder ☐	] Refuse other Ag	gency	ooperate		Page 1	