I N	Agenc	e WIA	IN	INCIDENT/INVESTIGATION								OCA 2311201									
C	ORI	NC					-	REPORT							Date / Time Reported SMTWTES Month Day Yr Time						
D E	10		NC 034			☐ Att At Found							03 17 2023 18:12 Hrs.								
N T	#1		, Suspicious V	☐ Att							Month Day Yr Time										
D	#2	Crime I	ncident	1	Locatio	ation of Incident								ffense T							
A T		Trime I	ncident					_	Com	102 I			/bent	ow St, W	inston	vn-salem NC 114 Victim Residence Type					
A	#3	Jillic 1	neident		☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family									
МО			d or Con MITTEI						•					Forcible Yes	X N/A	We	apon / Too	ols			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															e:					
	O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																				
V I		Victim/		igious L.E. Off Name (Last, First,			uty Othe	er/Un	know	n [Victim of		scious [Other Race	<u> </u>		No hin	□N/A Residen		
C T	V1	v ictiii/			iviida	10)					- 1	Crime #	DOI	o / Age	Race	SCA	To Offen	der	☐ Resid	dent	
I			DA	ΓA OMITTED															□ Non- □ Unkı	Resident	
M	Home Address DATA OMI'								TTED							Home Phone					
,	Employer Name/Address DATA ON														Business Phone						
,	VYR Make Model Style						Color Lic/Lis Vin							Vin							
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim	Property Description								Mak	Make/Model Serial Number										
	# DCI Status Value OJ QTY PCA OTHE 1 2013						2013 FL	* * *								/ Sonic Ls DATA OMITTED					
P -																			FOR	TION	
					\dashv														FORMA' SECURI		
R O					+														PURPOS		
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ID	Office <i>MIL</i>	r <i>LER</i> ,	A. B. (1	ID (16122)	Officer Sig	natur	re						or Signature LETON, K. M. (15637)								
	Complainant Signature Case Stat									Case Disposition:											
Status							☐ Further ☐ Inact ☐ Closed	ive /Clea	ared				by Ai	Test by Ander] Refuse other Ag	gency	ooperate		dition D		