| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | | CIDENT/INVESTIGATION | | | | | OCA 2311394 | | | |
|---|--|-----------------|--------------------|--------------------------------------|---------------|--------------------|--|-----------------------------------|-------------------|--|----------------|--|------------------------------|--|---|-----------------------------|-----------------------|--|
| C I | ORI | NG | | | | | REPORT | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | |
| D E | 10 | | NC 034 | | | | Att At Found Att At Found Month Day Yr Time | | | | | | | O3 19 2023 00:59 Hrs. Last Known Secure SMTWTFS Month Day Yr Time | | | | |
| N T | #1 | Jimic I | nerdeni(s | , Drug Viola | tion | S | | DX C | | Month 03 | | | lime):59 Hrs | | | Day Yr 🖰 | Time 00.58 Hrs. | |
| D | #2 | Crime I | ncident | | | ~ | | □ A | tt | | of Incident | <u> </u> | 7.59 | 7 03 | 1 | | Offense Tract | |
| Α | | 7 T | | ossession/conce | ealir | ıg Weap | ons | Com 900 Burke St, Winston-salem N | | | | | | C 271 | | /:-4: D: 1- | 111 | |
| T A | #3 Crime Incident Violation Of Auto Law-all Other | | | | | | | | | Att Premise Type X Com | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes | N/A | We | apon / Tools | | |
| | | | | | | | | | | | | | | | | , Denic/A | lackel Hear | |
| | | | | | | | | | | | | | | | | 1 - | lcohol Use: es | |
| V | | | ☐ Rel | igious 🔲 L.E. Of | ficer | | outy Othe | er/Unk | nown | ı 🗀] | Internal | | iscious [| Other | Majo | r 🛛 🖂 No | | |
| C | Victim/Business Name (Last, First, Middle) Victim of Crime # DOB / Age | | | | | | | | | | | | | Race | Sex | Relationship To Offender | | |
| T I | DATA OMITTED | | | | | | | | | 1,2,3 | | | | | | | ☐ Non-Resident | |
| M | Home Address DATA OMIT | | | | | | | | | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | | Business Phone | | | |
| | VYR Make Model Style Color | | | | | | | | Lic/Lis | | | | Vin | | | | | |
| | , 110 | | uke | Woder | | .,10 | Color | | Die, | | | | , 111 | | | | | |
| 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 if recovered for other | D = er jur | Damaged isdiction) | Z = Seized | $\mathbf{B} = \mathbf{F}$ | Burne | $\mathbf{c}\mathbf{d}$ $\mathbf{C} = \mathbf{C}$ | ounterfeit / F | Forged | F = Foun | d | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | | Property Description | | | | | | Mak | Make/Model Serial Number | | | |
| | | | | | | | (357) GLOCK | 257) GLOCK 32GEN4 | | | | | | GLOCK | /32ge | en4 DA | ATA OMITTED | |
| P - | | | | | | | | | | | | | | | | IN | FOR FORMATION | |
| | | | | | | | | | | | | | | | | 111 | SECURITY | |
| R O | | | | | | | | | | | | | | | | | PURPOSES | |
| P : | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | ILY THE FIRST | |
| Т Ү. | | | | | | | | | | | | | | | | TWEL | VE PROPERTY ITEMS ARE | |
| | | | | | | | | | | | | | | | | D | ISPLAYED ON | |
| | | | | | | | | | | | | | | | | | 22C REPORTS | |
| | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | | | mber Veh | icles Recovere | | | | | | | | | | | |
| ID | Office <i>MEI</i> | Y. (15 | ID (867) | | Officer Sig | nature | | | | | | or Signature D, M. E. (15588) | | | | | | |
| | Complainant Signature Case Statu | | | | | | | | Case Disposition: | | | | | | | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | tive /Cleare | ed | | | by A | Loc rrest rrest by And | Refuse other Ag | ency | ooperate | Page 1 | |