| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | | CIDENT/INVESTIGATION | | | | | | OCA 2320937 | | | |
|--|---|----------|--------------------|--------------------------------------|---|---|--------------------------------------|--------------|------|----------------------|-------|--------------------|--|---|--------------------|--------------|-----------|---------------------------|--|
| C | ORI | NC | NC 034 | 40200 | | | 1 | REPORT | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | <u> </u> | | ncident(s | | Att At Found SMT-MTFS Month Day Yr Time | | | | | | | TFS | Day 11 Time 11:05 Hrs. Last Known Secure S M T M T F S Month Day Yr Time 11:05 Hrs. 12:05 Hrs. 13:05 H | | | | | | |
| N T | #1 | | | , Vandalis | m | | | ı — | Com | Mont 05 | h i | | | Time 1:05 Hrs | | | | Time 11:04 Hrs. | |
| D | #2 | Crime I | ncident | | | | | | | Locat | on o | f Incident | | | | • | , | Offense Tract | |
| A T | | Trimo I | ncident | Discharging F | | ☐ Com 1631 Gretel Ln - A, Winston-sa | | | | | | lem N | n NC 27127 313 Victim Residence Type | | | | | | |
| A | #3 | JIIIIC I | ncident | | | | | | Com | 1 Tellin | сту | ype | | | | | | ily ∏Multi Family | |
| МО | | d or Com | | | · | | | | | Forcible Yes | X N/A | We | apon / Tools | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | | |
| | 2 | | IX So | ciety 🔲 Governm | ent | □ F | inancial Instit | | | | _ | Broken Bon | es | Severe | Lacera | tions | □ Y | es Unknown | |
| V I | | Victim/ | | igious L.E. Off | | | uty Othe | er/Un | know | 'n | | nternal Victim of | | nscious B / Age | Other Race | <u> </u> | | | |
| C T | V1 | | | | Crime # | | | | | 3 / Mgc | Rucc | SCA | To Offender | Resident | | | | | |
| I | | DA | ΓA OMITTED | | | | | 2, | | | | | | ☐ Non-Resident | | | | | |
| М | Home Address DATA OMIT | | | | | | | | | | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | | Business Phone | | | | |
| 1 | VYR | Color | | | | | | | Vin | | | | | | | | | | |
| | | | | | | | | | | | _ | | | | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column | R = Recovered if recovered for other | D = er jur | Damaged isdiction) | Z = Seized | B = | Burn | ied C | = Co | ounterfeit /] | Forged | F = Foun | ıd | | | | |
| | Victim # | DCI | Status | | Property Description | | | | | | | | ce/Mo | odel S | erial Number | | | | |
| - P - | 2 | CARPET | | | | | | | | | | D | ATA OMITTED | | | | | | |
| | | | | | | | | | | | | | | | | | ī | FOR NFORMATION | |
| | | | | | | | | | | | | | | | | | 1 | SECURITY | |
| R O | | | | | | | | | | | | | | | | | | PURPOSES | |
| P . | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | NLY THE FIRST | |
| Т Ү. | | | | | | | | | | | | | | | | | TWE | LVE PROPERTY | |
| 1 | | | | | - | | | | | | | | | | | | Т | ITEMS ARE DISPLAYED ON | |
| | | | | | | | | | | | | | | | | | | P2C REPORTS | |
| | | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | - | | mber Vehi | cles Recovere | | 0 | | _ | | | G : | u. | | | | |
| ID | Office SINI | | K. (1523 | ID 59) | Officer Sig | Officer Signature Supervisor Signature MEADOWS, C. E. (15570) | | | | | | | | | | | | | |
| | Complainant Signature Case State | | | | | | | | | | T | Case Dispo | | | | | | . 100 5 0 1 | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive /Clea | ared | | | | d by A | ☐ Loc rrest ☐ rrest by Ander ☐ | Refuse other Ag | gency | Cooperate | Page 1 | |