| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | CIDENT/INVESTIGATION | | | | | | OCA 2410811 | | | | |
|---|--|---------------------------|-----------|-----------------------|----------|------------|-------------------------------------|---|----------------------|---------------------------|----------------|-----------------------------|--------------------------------|---------------------------------------|--|-----------------------------|----------------------------|--|--|
| C I | ORI | | | | | | | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | |
| D | | | NC 034 | | | | | | | | | | 03 | 2 | 28 2024 | Time $16:41$ H | rs. | | |
| E N | #1 | Crime I | ncident(s | | | At | 1 | At Found Month | Day Yr | 1 T W | ∓FS Time | Last F Mont | nowr h Da | Secure ay Yr | SMTWIF Time | ∄ S | | | |
| T | | rima I | ncident | Drug Viola | tion | <u>s</u> | | X Co | ٠, | 03 | 28 202 | 4 10 | 5:41 Hrs | S 03 | 28 | | 16:40 H: | rs. | |
| D A | #2 | Jillie 1 | | ohernalia- Sellii | ng/ l | Equipme | ent | Att Location of Incident Location of Incident St/e Clemmonsvi | | | | | | le Rd, | | | 212 | | |
| T A | #3 Crime Incident Violation Of Auto Law-all Other | | | | | | | | t F | Premise T | ype | | | | | ictim Reside Single Fami | nce Type ly ∏Multi Far | mily | |
| МО | How Attacked or Committed DATA OMITTED | | | | | | | | | | | | Forcible Yes | X N/A | Wea | pon / Tools | | | |
| | # of Victims Type Person Business Injury None Minor Loss | | | | | | | | | | | | | | | of Teeth Drug/Alcohol Use: | | | |
| | | | IX So | ciety 🔲 Governm | ent | □ F | inancial Instit | ute | | 1 | Broken Bone | _ | | ere Lacerations | | | | vn | |
| V | $\frac{1}{1}$ | | | igious L.E. Of | | | uty Othe | er/Unkn | own | I | nternal | | iscious [| Other 1 | Major | | | | |
| C | | v ictim/ | Business | Name (Last, First, | Mide | ile) | Victim of Crime # | DOI | 3 / Age | Race | | Relationship Fo Offender | Resident Star | | | | | | |
| T I | V1 | | DA | TA OMITTED | | | | | | | 1,2,3 | | | | | | □ Non-Resi | | |
| M | Home | Addre | ss | | DEED | | | 1,2,0 | | | - | Home | e Phone | Unknown | 1 | | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | Business Phone | | | | | |
| | VYR | Model | Color | Lic/Lis | | | | Vin | | | | | | | | | | | |
| | , 110 | 111 | ake | Woder | | tyle | Color | | Eic/i | | | | · III | | | | | | |
| E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status | L = L | ost S | = Stolen | R = Recovered | D = | Damaged | Z = Seized | $\mathbf{B} = \mathbf{B}$ | urnec | $\mathbf{C} = \mathbf{C}$ | ounterfeit / F | orged | F = Four | ıd | | | | | |
| Codes | (Chec Victim | | column | f recovered for other | er jur | isdiction) | | | | | | | | | | | | | |
| | # | # DCI Status Value OJ QTY | | | | | | Property Description VGS/NARCOTICS EQUIPMENT | | | | | | Make PLASTIC | e/Mod | | erial Number TA OMITTEI | <u></u> | |
| | | | | | | | | ONEY/CASH | | | | | | | ars | gies DA | FOR | – | |
| P - R - O | | | 2,12 | | \dashv | 1,0 | | | | | | | | 0.5/2.011 | | IN | FORMATION | <u></u> | |
| | | | | | | | | | | | | | | | | | SECURITY | _ | |
| | | | | | | | | | | | | | | | | | PURPOSES | | |
| P E | | | | | | | | | | | | | | | | | | | |
| R | | | | | _ | | | | | | | | | | | | VE PROPERT | | |
| T Y | | | | | \dashv | | | | | | | | | | | | ITEMS ARE | | |
| | | | | | \dashv | | | | | | | | | | | | ISPLAYED O | | |
| | | | | | | | | | | | | | | | | P | 2C REPORTS | <u>; </u> | |
| | | | | | | | | | | | | | | | | | | _ | |
| | | | ehicles S | - | | nber Vehi | icles Recovere | | | | | | g : | G: | | | | | |
| ID | Officer ID# Offi STULTZ, M. D. (16204) | | | | | | | er Signature Supe | | | | | YATES YATES | visor Signature TES, P. M. (15679) | | | | | |
| | | | Signatur | | | Case Statu | | , , | | Case Dispos | | | | | , | 100 5 0 | $\overline{}$ | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | tive /Cleare | d | | | by A | Loc rrest rrest by Ander |] Refuse other Ag | ency | operate | Page 1 | ied | |