I N	Agenc		STON-SALEN	CIDENT/INVESTIGATION						OCA 2410870									
C I	ORI	NC			1		REPORT						Date / Time Reported SMTWFFS Month Day Yr Time						
D E			NC 034		☐ Att At Found						Day 17 Time O3 28 2024 21:58 Hrs. Last Known Secure SMTWIFS SMTWIFS SMTWIFS O4 O4 O4 O4 O4 O4 O4 O								
N T	#1	Simple 1	ı —	Com	Month 03	Γ			lime 1:59 Hrs			28 2024	Time						
D	#2 Crime Incident																	Offense Tract	
A T	Crime Incident Com 2518 N Cherry St, Winston-salem																05 Victim Reside	112	
A	#3	Jime i	nerdent						Com	Tremise	1 7 1	ρC						ily □Multi Family	
МО			d or Con MITTEI						•					Forcible Yes	X N/A	We	apon / Tools		
		ictims	Туре	☐ Person		Business				Inju	ry	X None	ПМ	□ No Iinor □	Losso	f Tee	th Drug/A	lcohol Use:	
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I		Victim/		igious L.E. Off Name (Last, First,			ity Othe	er/Ur	nknow	'n _		ternal Victim of		nscious B / Age	Other		r 🔯 No Relationship		
C T	V1							Crime #	DOI	35	Race	SCA	To Offender	□ Resident					
I		DA	ΓA OMITTED					1,			$\mid W \mid$	F	10K	☐ Non-Resident					
M	Home Address DATA OMIT									ГТЕО						Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
1	VYR	Color Lic/Lis Vin						Vin											
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	$L = L_0$ (Chec	ost S k "OJ"	= Stolen column	R = Recovered for other	D = 1 r jur	Damaged isdiction)	Z = Seized	B =	Burn	ied C=	Cou	ınterfeit / F	orged	F = Found	i				
	Victim # DCI Status Value OJ Q					QTY		Property Description				Mak	ke/Mo	del S	erial Number				
- - P - R													DA	ATA OMITTED					
																	11	FOR NFORMATION	
																		SECURITY	
O P .																		PURPOSES	
E ·					\dashv												01	NLY THE FIRST	
R T					\dashv													VE PROPERTY	
Υ .																		ITEMS ARE	
																	D	ISPLAYED ON	
					\bot												I	P2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	None	nher Voh	cles Recovere	d	0										
	Office	r		ID		noer veille	Officer Sig		_				I	Supervisor					
ID	LANCASTER, J. R. (16219)										1 -						. (15631)		
	Compl	laınant	Signatur	e			Case Status	r Inv	estiga	tion		Case Dispos	ded	Loca	ated		□ Ext	radition Declined	
Status							☐ Closed	/Clea		hausted			by A	rrest rrest by Ano	ther Ag	gency		Page 1	