I N	Agenc	y Name		VSTON-SALEN	OLICE	] IN	INCIDENT/INVESTIGATION							OCA 2410878					
C	ORI	NG			2202	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034			☐ Att At Found SMTWTFS Month Day Yr Time							O3   29   2024   07:49 Hrs.  Last Known Secure SMTWTFS  Month Day Yr  Time						
N T	#1	JIIIIC II	icident(s	, Trespassi	n.o			DX (		Month 03	Day 29			ime 7:49  Hrs				Time $07:48$ Hrs.	
D D	#2	Crime I	ncident	Trespussi					$\rightarrow$	Location			<i>F</i>   <i>U</i> /	.49	<u> </u>		2024	Offense Tract	
Α	Com 3333 Silas Creek Pw, Winston-														salem			322	
T A	#3	rime I	ncident						Att Com	Premise	ı ype						Victim Resid Single Fan	ence 1ype ily ∏Multi Family	
МО			d or Con						Forcible Yes						Weapon / Tools				
MO																			
V	# of Victims   Type																		
	2			igious   L.E. Off					know	. –		rnal 🔲			Lacerat Other		. –	_	
I C	Victim/Business Name (Last, First, Middle)												Victim of DOB / Age Crime #				Relationship To Offende	Resident Status Resident	
T I	V1		DA	ΓA OMITTED			1,								To Official	☐ Non-Residen			
M	Home	Addre	ss										Home Phone						
	Employer Name/Address  DATA OM  Employer Name/Address								ÍTTED										
	Emplo	oyer Na	ime/Addi	ress	ATA OMITTED								Business Phone						
,	VYR	M	ake	Model	Sty	/le	Color		Lic	/Lis				Vin					
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  f recovered for other	D = I r juri:	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Count	terfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	del S	erial Number	
P - R - O													D	ATA OMITTED					
																	T	FOR NFORMATION	
																		SECURITY	
																		PURPOSES	
Р <sup>-</sup> Е -																		AH M THE EID OT	
R T																		NLY THE FIRST LVE PROPERTY	
Y																	1,,,,	ITEMS ARE	
																	I	DISPLAYED ON	
																		P2C REPORTS	
-	Num.	or of V	ehicles S	tolen 0	Nisse	her Vah	cles Recovere	d	0										
	Office	r		ID		ioei venic	Officer Sig		e e				I	Supervisor					
ID	SAI!	V, <i>C</i> . J	I. (1634	<i>18)</i>										BURKS, C. M. (15216)					
Status	Comp	iainant	Signatur	ē.			Case Statu:  Further Inact Closed	r Inve ive /Clea	red			Unfoun Cleared Cleared	ded by Aı by Aı	Loc rest [ rest by And	] Refuse other Ag	gency	ooperate	Page 1	