I N	Agenc	y Name		VSTON-SALEN	] IN	INCIDENT/INVESTIGATION							OCA 2410938								
C I	ORI	NC	NC 034				1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time					
D E			ncident(s		│ │ │ Att │ At Found │ SMTWT골S								03   29   2024  13:36 Hrs.								
N T	#1		(	All Other Off	ense	es	ı —	Month Day Yr Time Month Day Yr									Time	ırs.			
D	#2	Crime I	ncident	33	<del></del>	Att Location of Incident Offense To										Offense Tract					
A T	Crime Incident Com 3450 Triangle Dr, Winston-salem N															C 27106   123   Victim Residence Type					
A	#3	Jime I	iicident					☐ Att   Premise Type ☐ Com							☐ Single Family ☐ Multi Family						
МО			d or Com					Forcible ☐ Yes							Weapon / Tools						
	No No																				
	# of Victims   Type															wn					
V	1		☐ Rel	igious 🔲 L.E. Off	ïcer I	Line of Du			know	. –	-	ternal 🔲	Unco	nscious	Other	Majo	or D	No	 □N/A		
C		Victim/	Business	Name (Last, First,		Victim of Crime #					3 / Age	To Offender □ R			Resident Sta						
T I	V1 DATA OMITTED									1,					B				☐ Non-Resi	iden	
M	Home Address															Home Phone				<u>n</u>	
	Employer Name/Address  DATA OM  DATA OM															Business Phone					
,						ATA OMITTED						***	Dusiness I none								
	VYR	М	ake	Model	Sty	yle	Color		Lic	c/Lis				Vin							
O T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Found	d						
	Victim # DCI Status Value OJ QTY						Property Description								Mal	ake/Model Serial Number					
- P - R														DA	FOR	D					
					$\dashv$													IN	FOR FORMATIO		
																			SECURITY	_	
O P -																			PURPOSES		
Р Е -																		017			
R T					_												T		LY THE FIR /E PROPER		
Y ·					$\dashv$												1		TEMS ARE		
					$\dashv$													DISPLAYED ON			
																		P2	C REPORTS	s	
-					$\Box$		1 5	1													
	Numb		ehicles S	tolen 0		nber Vehic	cles Recovere Officer Sig		0 re				1	Supervisor	Signat	ure				-	
ID	НОС	OKER		(16131)	MUL								or Signature LINS, B. H. (15079)								
	Complainant Signature Case Sta ☐ Furtl									Case Disposition:  Investigation ☐ Unfounded ☐ Located ☐ Expression ☐ Unfounded ☐ Description ☐ Expression ☐							Extr	dition Declir	ned		
Status						☐ Inact	X Inactive								Page 1						