I N	Agenc	y Name		VSTON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2410954							
C ·	ORI	NG					1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034		│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │								03 29 2024 15:38 H							
N T	#1	annie n		, raffic Accident- _i	Att At Found S M T W T F S Month Day Yr Time Month Day 2024 15:38 Hr							Month Day Yr Time								
D.	#2	Crime I	ncident	1	r				_	Location			F 13		-1 03		29 20		Offense T	
A	Crime Incident Com 399 Carolyn Dr/e Kimwell Dr, Win															Ston-salem NC 323 Victim Residence Type				
T A	#3	Jime i	ncident			Com	Premise	тур	е				- 1	Victilii Ke		• •	i Family			
МО			d or Com											Forcible Yes	X N/A	We	eapon / To	ols		-
	No No															cm t Denya/Alashal Usar				
	# of Victims Type																			
V	<i>0</i>			igious 🔲 L.E. Off			ity 🔲 Othe	er/Un	nknow		•	ernal 🔲	Uncor	scious [Other		or _	No	N/A	4
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Crime #														Race	Sex	Relation: To Offer	ship ider	Residen Residen	
T I	VI DATA OMITTED																	☐ Non-	Residen	
М -	Home	Addre	ess										Home Phone Unknown				nown			
	Employer Name/Address DATA OM														Business Phone					
	VYR	Color Lic/Lis Vin						Vin												
O T H E R S I N V O L V E D	DATA OMITTED L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																			
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered f recovered for othe	D = I r juri	Damaged sdiction)	Z = Seized	В=	Burn	ied C =	Cou	nterfeit / F	orged	F = Foun	ıd					
	Victim # DCI Status Value OJ QTY						Property Description								Mal	ce/Mo	odel		ial Numl	
- P - R														DA	FA OMI	TTED				
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ID	Office:	Officer Sig	natuı	re					Supervisor (0)	or Signature										
_	Complainant Signature Case State											ase Dispos								
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by Ar	Test by Ander	Refuse other Ag	gency	Cooperate		Page	