I N	Agenc	y Name		ISTON-SALEN	] IN	INCIDENT/INVESTIGATION							OCA 2411080							
I C	ORI	NC	NC 034	10200			1		REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E		Prime I	Att At Found SMTWTFS Month Day Yr Time								03   30   2024   17:42   Hrs     Last Known Secure   S M T W T F S Month Day Yr Time									
N T	#1			Discharging F	`irea	ırm		ı —	Com	Month 03	Ι	Day Yr Time 30   2024   17:42   Hr				th Day Yr Time			Time	
D .	#2	Crime I	ncident	0 0	ı —	Att Com	Locatio	n of	Incident				•	•		ffense Tract	_			
A T		'rime I	ncident			Piccadilly Dr, Winston-salem NC 27104 324 Type Victim Residence Type									_					
A	#3	JIIIIC I	nerdent				☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family						
МО			d or Com MITTEE						•					Forcible  Yes  No	X N/A	We	apon / Too	ols		
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol															ohol Use:	$\exists$			
* 7	1		IX So	ciety   Governm	ent	□ F:	inancial Instit		.1		_	roken Bone		☐ Severe	Lacera	tions			Unknow	n
V I		Victim/		igious L.E. Off			ity U Otne	er/Un	ıknow	'n   [		Victim of		scious [	Other Race	<del>.</del>		No hin	□N/A Resident Statu	us
C T	V1 DATA OMITTED											Crime #	20.	3 / 11ge	111100	50.1	To Offen	der	☐ Resident	
I M ·			DA.	IA OMITTED		1,										☐ Non-Resid ☐ Unknown	ent			
IVI ·	Home Address DATA OMI									TTED						Home Phone				
	F 1 N /A 11							TA OMITTED							Business Phone					-
•	VYR Make Model Style						Color Lic/Lis Vin						Vin							
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim					QTY	Property Description								Mak	Iake/Model Serial Number				
	т	- François de la company												A OMITTED	<del>,</del>					
P - R - O																		TATE	FOR	_
																			FORMATION SECURITY	-
					_														PURPOSES	-
Р <sup>-</sup> Е -																				
R																			Y THE FIRS	
Т Ү -					_												TW		E PROPERT	Y —
٠.																			TEMS ARE	_
-																			C REPORTS	-
-					_															
_			ehicles S			nber Vehi	cles Recovere		0											
ID	Office:		ILLE T	ID T. J. (16036)	Officer Sig	Officer Signature Supervisor Signature NELSON, S. M. (15176)														
11/			Signature				Case Status	Status Case Disposition:							,					
Status						☐ Inact	☐ Further Investigation ☐ Inactive ☐ Closed/Cleared ☐ Closed/Leads Exhausted ☐ Closed/Leads Exh								dition Decline Page 1	:d				