I N	Agenc	y Name		VSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2411285							
C .	ORI	NC					1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E		NC :	10200			Λ++ I	At Foun	d	I SI-M	l Tl W	TI FI SI	04		01 20	024	Time 11:59 Hr 4 T W T F					
N T	#1 Traffic Accident-pp Or Pva							ı —	Com	Month 04				T F S Time T:59 Hrs			n Secure Day Yr	T	ime $1:59$	_	
D.	#2	Crime I	ncident	1	r				-	Location			- 11	.39	7 04		71 202		fense Tract		
A	Com 2900 Reynolda Rd, Winston-sa														lem N			: 1	114		
T A	#3	Jime i	ncident					Att Premise Type								Victim Residence Type ☐ Single Family ☐ Multi Family					
МО			d or Com						!					Forcible Yes	X N/A	We	apon / Too	ols			
	No No															CTL at Drug/Alashal User					
	# of Victims Type																'n				
V	<i>0</i>			igious 🔲 L.E. Off			ity 🔲 Othe	er/Un	know	. –		rnal 🔲	Uncon	scious [Other		r 🗆	No	□ □N/A		
I C	Victim/Business Name (Last, First, Middle) Victim of Crime # DOB / Age														Race	Sex	Relations To Offen		tesident Stat Resident	us	
T I	V1		DA	ΓA OMITTED															Non-Resid		
Μ .	Home Address DATA OMI'															Home Phone Unknown				_	
	Employer Name/Address DATA OM															Business Phone					
	VYR	M							Vin						_						
																				\dashv	
O T H E R S I N V O L V E D	DATA OMITTED S 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 = L r juri	Samaged sdiction)	Z = Seized	В=	Burn	ed $C = 0$	Coun	iterfeit / F	orged	F = Foun	d						
	Victim # DCI Status Value OJ QT					QTY	Property Description								Mak	e/Mo	del	Seria	l Number		
P - R - O														DATA	A OMITTEE)					
					_													INFO	FOR ORMATION	<u></u>	
					\dashv														ECURITY	_	
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Р ⁻ Е -																					
R T Y					_														THE FIRS	—I	
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			ehicles S			nber Vehic	cles Recovere		0					-	G:						
ID	Office:		. B. (16	ID 5051)	Officer Sig	Officer Signature Supervi (0)							sor Signature								
	Complainant Signature Case Stat								S Case Disposition:												
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ıred				by Ar	Test by And	Refuse other Ag	gency	ooperate		ition Decline Page 1	ed —	