I N	Agenc	y Name		NSTON-SALEN	OLICE	] IN	NCIDENT/INVESTIGATION						OCA 2411497							
C	C ORI NC NC 0340200																Reported	l S Yr		FS
D E	Crime Incident(s)						Att At Found SMTHTFS Month Day Yr Time								04   03   2024   02:55 H   Last Known Secure S M T H T     Month Day Yr Time					
N T	#1			Trespassi	ı —									th Day Yr Time 4   03   2024   02:54   Hrs.						
D	#2	Crime I	ncident			ation of Incident Offense Tra  134 Raven Rd, Winston-salem NC 27105 124									t					
A T	#3	Crime I	ncident					_	☐ Com 5034 Raven Rd, Winston-salen ☐ Att Premise Type						IVC Z	Victim Residence Type				
A		\	1 C			Com						☐ Single Family ☐ Multi Family  Weapon / Tools								
MO			d or Com MITTEE										Forcible  Yes  No	X N/A	we	apon / 10	OIS			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	2 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No NA															wn				
I C	Victim/Business Name (Last, First, Middle)   Victim of DOB / As														Race	Sex	Relations To Offer	ship	Resident Sta	atus t
T I	V1		DA	ΓΑ OMITTED								1,					To office		☐ Non-Res	sident
M	Home Address														Home Phone Unknow				<u>n</u>	
	Employer Name/Address  DATA OM  Employer Name/Address														Business Phone					
	VYR	ATA OMITTED    Color   Lic/Lis   Vin						Vin												
	VIK	IVI	ake	Model	Sty	yic	Color		Lic	/LIS				<b>V</b> III						
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 frecovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed C = 0	Coun	nterfeit / F	orged	F = Foun	d					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number				
- P - R _		<del>                                     </del>								-				DA	FOR	<u>ED</u>				
					+													INI	FORMATIO	N
																			SECURITY	
O P .					_													]	PURPOSES	
Е.					+													ONI	LY THE FIR	ST ST
R T					+												TV		/E PROPER	
Υ .																		]	ITEMS ARE	
																			SPLAYED (	
					_													P2	C REPORT	<u>S</u>
-	Numb	er of V	ehicles S	tolen 0	Nur	nher Vehic	cles Recovere	d	0											—
	Office	r		ID		ioci v Cill	Officer Sig	Signature Supervis							or Signature					
ID				S. (16050)		Cons Stat				C-	no Dia	ition	WHELAN, L. T. (15232)							
Status	Comp	iaiiiaNt	Signatur			☐ Inact										Page 1	ned			