I N	Agenc	y Name		STON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2411525						
C I	ORI	NC					1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034		│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │								04 03 2024 09:49 Hrs.							
N T	#1	annie n	ieraem(s	, All Other Of	Att At Found S M T W T F S Month Day Yr Time								Month Day Yr Time							
D	U.O. Crime Incident DAtt Location of Incident														7 04	Offense Tract				
Α		7 T						_	Com				t Bv,	Winston-	salem	1 NC 27105 123 Victim Residence Type				
T A	#3	_rime i	ncident						☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family				
МО			d or Com											Forcible Yes	X N/A	We	apon / Too	ols		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															e:				
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																			
V I		Victim/		-			ity 🔲 Othe	er/Un	know	n 🗆					Other	r Major No N/A Sex Relationship Resident Status				
C T	V1													o / Age	Race	sex	To Offen	der	☐ Resid	dent
I	` -		DA	ΓA OMITTED								1,							☐ Non- ☐ Unkı	Resident
M	Home Address DATA OMI									TTED						Home Phone				
,	Emplo	oyer Na	me/Addi	ATA OMI	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 # DCI Status Value OJ QTY						Property Description								Mak	[ake/Model Serial Number				ber
- - P - R	"													DAT	TA OMI	TTED				
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	Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature																			
ID	MIL	LER,	J. R. (1	5818)		CLAF							CLARI	or Signature RK, D. C. (15090)						
	Comp	lainant	Signatur	e	Case Status	se Status Case Disposition:							Located Extradition Declined							
Status							☐ Inact	ive /Clea	ıred			Cleared Cleared	by Ai	rest by And] Refuse other Ag	gency	Cooperate		Page	