I N	Agency Name WINSTON-SALEM POLICE									CIDENT/INVESTIGATION						OCA 2411588			
I C	ORI	NC	NC 02	10200	REPORT						Date / Time Reported SMT+ TFS Month Day Yr Time								
D E	NC NC 0340200  Crime Incident(s)									☐ Att At Found SMT₩TFS Month Day Yr Time						04			
N T	#1			, aking & Enterin	g W	ith Ford	re	ı —	Com	Month 04	D			Time 7:25  Hrs			Day Yr 🗀	Time $17:24$ Hrs.	
D.	#2	Crime I	ncident	0	<u> </u>				Att	Location	ı of	Incident		•				Offense Tract	
A T		Trimo I	ncident					_	Com				Win.	ston-salen	n NC		07 Victim Resider	212	
A	#3	JIIIIC I	ncident					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family				
МО			d or Con MITTEI			•					Forcible Yes	X N/A	We	apon / Tools					
																lcohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I		Victim		igious  L.E. Off Name (Last, First,			uty Othe	er/Ur	nknow	n _		ternal  Victim of		nscious   B / Age	Other		r 🛛 🔯 No Relationship	□N/A Resident Status	
C T	V1	v ictiii/			aic)						Crime #	DOI	34	Race	Sex	To Offender	☐ Resident		
I	- 1		DA	ΓΑ OMITTED						1,			B	M	1RU	Non-Resident     □ Unknown			
М -	Home	Addre	ess		ГТЕ	TTED							Home Phone						
	Employer Name/Address DATA OMI'															Business Phone			
	VYR Make Model Style C							Color Lic/Lis Vin						Vin					
O T																			
H E																			
R	R																		
S							DATA		<b>``</b>	TTTT	7.	`							
I	DATA OMITTED																		
N V	N V																		
O																			
V E																			
D D																			
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)																		
Cours	Victim		Status	Value		Property Description							Mol	ce/Mo	del Se	rial Number			
	#	# DCI Status Value OJ QTY							· · ·						IVIAR	C/IVIC		TA OMITTED	
P - R - O																		FOR	
																		FORMATION SECURITY	
																		PURPOSES	
Р <sup>-</sup> Е -																			
R																		LY THE FIRST	
Т Ү -																		VE PROPERTY ITEMS ARE	
-						+												SPLAYED ON	
-																		2C REPORTS	
-	N			1 2		1 377	1 5	1	-										
	Numb Office		ehicles S	tolen 0		mber Vehi	cles Recovere Officer Sig		0 re				ı	Supervisor	Signati	ure			
ID	REY	ES, J.	M. (16	5183)		<u>CAFI</u>								EY, J. D. (15234)					
	Comp	ıaınant	Signatur	e	Case Status	r Inv	estiga	tion		ase Dispos  ☐ Unfoun	ded	Loca	ated		☐ Extr	adition Declined			
Status							☐ Closed	/Cle					by A	rrest by Ano	ther Ag	gency			
							☐ Closed	/Lea	ds Ex	hausted	1	□ Death o	t Offe	nder 🗆	Prosec	cution	Declined 1	Page 1	