I N	Agenc	y Name		VSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION								OCA 2411636						
I C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E		rime I										04 04 2024 07:43 H: Last Known Secure S M T W T Ime					Hrs.				
N T	#1			, raffic Accident- _i		_	Com	Month 04				ime :43 Hrs				_	Time $07:43$	Hrs.			
D.	2 Crime Incident																•		ffense Tra		
A T	Crime Incident Com 338 Barnes Rd, Winston-salem NC 2																	idon	212		
A	#3	Jime I	ncident					Com								Victim Residence Type ☐ Single Family ☐ Multi Family					
МО			d or Con MITTEI					Forcible Yes							Weapon / Tools						
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
	O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															- 1					
V I		Victim/		igious L.E. Off Name (Last, First,			ity Othe	er/Un	know	n 🗆		tim of		scious Age	Other Race	.		No hin	□N/A Resident S		
C T	V1	v ictiii/			wiide	iic)						me #	DOL) / Age	Race	Sex	To Offen	der	☐ Reside	ent	
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	F1 N /A dd							TA OMITTED								Business Phone					
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Status																					
Codes	(Chec Victim		column	f recovered for othe	isdiction)									Т							
	# DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number DATA OMITTED					
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ID.	Office	r		ID				Officer Signature Supervis								sor Signature					
ID	RUSSELL, G. H. (15035) Complainant Signature Case St								as Case Disposition:					(0)	(0)						
GL 4	□ Furt								r Investigation Unfounded						Located						
Status					Closed							rest by And	est								