| I<br>N  | Agenc                               | y Name      |           | STON-SALEN         | OLICE                              | ] IN              | INCIDENT/INVESTIGATION |                |            |                  |                                  |                        |                     | OCA 2411680                 |                           |   |          |      |                          |  |
|---|-------------------------------------|-------------|-----------|--------------------|------------------------------------|-------------------|------------------------|----------------|------------|------------------|----------------------------------|------------------------|---------------------|-----------------------------|---------------------------|---|----------|------|--------------------------|--|
| I<br>C  | ORI                                 | NC          | NC 034    | 10200              |                                    |                   | 1                      | REPORT         |            |                  |                                  |                        |                     |                             |                           | Date / Time Reported SMTWTFS<br>Month Day Yr Time |          |      |                          |  |
| D<br>E  |                                     |             | ncident(s |                    |                                    |                   |                        |                |            |                  |                                  |                        |                     | O4   O4   2024   15:36 Hrs. |                           |   |          |      |                          |  |
| N<br>T  | #1                                  |             |           | ,<br>Suspicious V  | ehicl                              | le                |                        | ı —            | Com        | Month 04         | D                                |                        |                     | ime<br>:36  Hrs             |                           |   |          | 7r — | Time<br>15:35  Hrs       |  |
| D.  | #2                                  | Crime I     | ncident   | 1                  |                                    |                   |                        |                | Att        | Location         | n of                             | Incident               |                     | •                           | •                         |   |          |      | Offense Tract            |  |
| A<br>T  |                                     | Trima I     | ncident   |                    |                                    | Ct, W             | inston-sa              | lem N          |            | 7107<br>Victim R | osidon                           | 214                    |                     |                             |                           |   |          |      |                          |  |
| A   | #3                                  | Jillie i    | neideni   |                    |                                    |                   |                        |                | Att<br>Com | Premise          | тур                              | ie .                   |                     |                             |                           |   |          |      | ce Type<br>y             |  |
| МО  |                                     |             | d or Com  |                    |                                    |                   |                        | Forcible ☐ Yes |            |                  |                                  |                        |                     |                             | Weapon / Tools            |   |          |      |                          |  |
|   |                                     |             |           |                    |                                    |                   |                        |                |            |                  |                                  |                        |                     |                             |                           | cohol Use:  |          |      |                          |  |
|   | # of Victims   Type                 |             |           |                    |                                    |                   |                        |                |            |                  |                                  |                        |                     |                             |                           |   |          |      |                          |  |
| V   | 0                                   |             |           | igious 🔲 L.E. Off  |                                    |                   | ity 🔲 Othe             | er/Un          | know       | n _              |                                  | ternal 🔲               |                     | scious [                    | Other                     | Majo  | or [     | □ No | □N/A                     |  |
| I<br>C  |                                     | Victim/     | Business  | Name (Last, First, |                                    | Victim of Crime # |                        |                |            |                  | 3 / Age                          | Sex                    | Relation<br>To Offe | nship<br>ender              | Resident Status  Resident |   |          |      |                          |  |
| T<br>I  | V1                                  |             | DA        | ΓA OMITTED         |                                    |                   |                        |                |            |                  |                                  |                        |                     |                             |                           |   |          |      | ☐ Non-Residen            |  |
| М .   | Home Address                        |             |           |                    |                                    |                   |                        |                |            |                  |                                  |                        |                     |                             |                           | Home Phone Unknown                                |          |      |                          |  |
|   | DATA OM                             |             |           |                    |                                    |                   |                        |                |            |                  |                                  |                        |                     |                             |                           | Business Phone                                    |          |      |                          |  |
|   | •                                   |             |           |                    | ATA OMITTED  Color   Lic/Lis   Vin |                   |                        |                |            |                  |                                  | 17.                    |                     | Business I none             |                           |   |          |      |                          |  |
|   | VYR                                 | M           | ake       | Model              | Sty                                | /le               | Color                  |                | Lic        | C/L1S            |                                  |                        |                     | Vin                         |                           |   |          |      |                          |  |
| T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED                        |             |           |                    |                                    |                   |                        |                |            |                  |                                  |                        |                     |                             |                           |   |          |      |                          |  |
| Status<br>Codes   |                                     |             |           |                    |                                    |                   |                        |                |            |                  |                                  |                        |                     |                             |                           |   |          |      |                          |  |
|   | Victim<br># DCI Status Value OJ QTY |             |           |                    |                                    |                   | Property Description   |                |            |                  |                                  |                        |                     |                             | Mak                       | ce/Mo   | odel     | Ser  | rial Number              |  |
| P -<br>R -<br>O   |                                     |             |           |                    |                                    |                   |                        |                |            |                  |                                  |                        |                     | DA                          | TA OMITTED                |   |          |      |                          |  |
|   |                                     |             |           |                    | +                                  |                   |                        |                |            |                  |                                  |                        |                     |                             |                           |   |          | INI  | FOR<br>FORMATION         |  |
|   |                                     |             |           |                    | +                                  |                   |                        |                |            |                  |                                  |                        |                     |                             |                           |   |          |      | SECURITY                 |  |
|   |                                     |             |           |                    |                                    |                   |                        |                |            |                  |                                  |                        |                     |                             |                           |   |          | ]    | PURPOSES                 |  |
| Р <sup>-</sup><br>Е -   |                                     |             |           |                    |                                    |                   |                        |                |            |                  |                                  |                        |                     |                             |                           |   |          |      |                          |  |
| R   |                                     |             |           |                    | _                                  |                   |                        |                |            |                  |                                  |                        |                     |                             |                           |   | -        |      | LY THE FIRST             |  |
| T<br>Y  |                                     |             |           |                    | +                                  |                   |                        |                |            |                  |                                  |                        |                     |                             |                           |   | 1        |      | /E PROPERTY<br>ITEMS ARE |  |
|   |                                     |             |           |                    | +                                  |                   |                        |                |            |                  |                                  |                        |                     |                             |                           |   |          |      | SPLAYED ON               |  |
| -   |                                     |             |           |                    |                                    |                   |                        |                |            |                  |                                  |                        |                     |                             |                           |   |          |      | C REPORTS                |  |
| -   |                                     |             |           |                    |                                    |                   |                        |                |            |                  |                                  |                        |                     |                             |                           |   |          |      |                          |  |
|   | Numb                                |             | ehicles S | tolen 0            |                                    | ber Vehic         | cles Recovere          |                | 0          |                  |                                  |                        | -                   | Supervisor                  | Signat                    | ure   |          |      |                          |  |
| ID  | AZM                                 | Officer Sig |           |                    |                                    |                   |                        |                |            |                  | or Signature SDON, B. S. (15106) |                        |                     |                             |                           |   |          |      |                          |  |
|   | Comp                                | lainant     | e         | Case Status        | Case Disposition:                  |                   |                        |                |            |                  | □ Loc                            | Located                |                     |                             |                           |   |          |      |                          |  |
| Status  |                                     |             |           |                    |                                    |                   | ☐ Closed               | ive<br>/Clea   | ared       |                  |                                  | ☐ Cleared<br>☐ Cleared | by Ai               | rest by And                 | ] Refuse<br>other Ag      | gency   | ooperate | · _  | Page 1                   |  |