I N	Agenc	y Name		VSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2411689									
C I	C OPI													ORT					Date / Time Reported SMTWTFS Month Day Yr Time				
D E	10		ncident(s					Λ++ I	At Four	nd	ISIM	l Tl W	IF S	04		04 2	024	17:4 M T W	e Hrs.				
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, raffic Accident- _i	Or Pva	ı —	Com	Month 04	D			⊒ F S !ime 7:43 Hrs			vn Secure Day Y1 04 202	: U	Time 17:43						
D	#2	Crime I	ncident	1	- F				_	Location	_		f 17	.45	7 04)4 20.		offense				
A	Com 1512 Ebert St, Winston-salem NC 27																(/: -+: D -	.: 4	322				
T A	#3	Jillie I	ncident				☐ Att Premise Type ☐ Com								Victim Residence Type ☐ Single Family ☐ Multi Family								
МО	DATA OMITTED													Forcible Yes	s XN/A								
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															se:							
3.7	O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																						
V I		Victim/		Name (Last, First,			шіу 🔲 Опіс	21/ U11	ikilow	п		ernal Victim of		S / Age	Race	.			□N/. Resider	Ant Status			
C T	V1			ΓA OMITTED		,						Crime #		. 8			To Offen	der	☐ Resi	ident			
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IVI ·	Home Address DATA OMI									TTED						Home Phone							
	Employer Name/Address DATA OM								TTED						Business Phone								
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	п	# 257 Sames Sames							Tropony Description							DATA OMITTED							
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	Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature																						
ID	PHI	LLIPS		(16316)		(0)							ərgirat										
	Complainant Signature Case Stat									1 1					Located Extradition Declined								
Status							☐ Inact	ive /Clea	ared			☐ Cleared ☐ Cleared	by Ar	rest by And	Refuse other Ag	gency	Cooperate		Page				