| I N | Agenc | y Name | | NSTON-SALEN |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2411724 | | | | | |
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| C I | ORI | NC | | | | REPORT Att At Found SMTWTFS Month Day Yr Time | | | | | | | Date / Time Reported S M T W 기포 S Month Day Yr Time | | | | | |
| D E | | | NC 034 | | | | | | | | | | TI-FISI | Day 17 Time O4 O5 2024 O0:09 Hrs. | | | | |
| N T | #1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ieraem(s | , Trespassi | ng | | | DX (| - 1 | Month 04 | Day | | | ime :09 Hrs | | | | Time 00.08 Hrs. |
| D | #2 | Crime I | ncident | | | | | | \rightarrow | Location | of Incid | lent | | | | 10 | 73 2024 | Offense Tract |
| Α | Crime Incident Com 519 N Cherry St, Winston-salem No | | | | | | | | | | | | | | | 1.3 | /: D 1 | 111 |
| T A | #3 | Jillie 1 | ncident | | | | | ☐ Att Premise Type ☐ Com | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | |
| МО | | | d or Com MITTEI | | | | | Forcible ☐ Yes ☐ No | | | | | | | Weapon / Tools | | | |
| | # of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | |
| 3.7 | 2 | | | ciety Government Gove | ent | ☐ Fi | inancial Institution | | znow. | . – | Broken | | | Severe | | | | es Unknown |
| V I | | Victim/ | | Name (Last, First, | | | пту 🔲 Оппе | er/ Ulik | KIIOW | ш <u>П</u> | Internal Victi | | | scious _ | Other | | r 🔯 N Relationship | |
| C T | V1 | | | ΓA OMITTED | Crime # | | | | | | | | To Offende | | | | | |
| I M | | | DA | IA OMITTED | | | 1, | | | | | | | | | ☐ Unknown | | |
| IVI | Home | ss | ATA OMI | OMITTED | | | | | | | | Home Phone | | | | | | |
| | Employer Name/Address DATA | | | | | | | A OMITTED | | | | | | | Business Phone | | | |
| , | VYR | M | Model | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| O T H E R S | | | | | | | | | | | _ | | | | | | | |
| I N V O L V E D | N V O L V E | | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered | D = I r iuri | Damaged sdiction) | Z = Seized | $\mathbf{B} = \mathbf{I}$ | Burn | ed $C = C$ | Counterf | feit / Fo | orged | F = Found | d | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | e/Mo | odel S | erial Number |
| - - P - | π | π 201 Status Variae 03 Q11 | | | | | | Property Bescription | | | | | | | 1,1411 | 0,1110 | | ATA OMITTED |
| | | | | | | | | | | | | | | | | | | FOR |
| | | | | | _ | | | | | | | | | | | | I | NFORMATION SECURITY |
| R O | | | | | \dashv | | | | | | | | | | | | | PURPOSES |
| Ρ. | | | | | | | | | | | | | | | | | | |
| E · | | | | | | | | | | | | | | | | | O | NLY THE FIRST |
| T | | | | | | | | | | | | | | | | | TWE | LVE PROPERTY |
| Y | | | | | _ | | | | | | | | | | | | | ITEMS ARE |
| - | | | | | - | | | | | | | | | | | | | P2C REPORTS |
| - | | | | | _+ | | | | | | | | | + | | | | |
| | | | ehicles S | | | nber Vehic | cles Recovere | | 0 | | | | | | | | | |
| ID | Office: | | o. G. (1- | ID 4704) | # | | Officer Sig | Officer Signature Supervisor Signature BOWERS, K. S. (14602) | | | | | | | | | | |
| ID | | | Signatur | | | Case Status | Case Status Case Disposition: | | | | | | | , , | | | | |
| Status | - | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive /Clear | red | | | nfound leared leared | led by Ar by Ar | rest by And | Refuse other Ag | ency | ooperate | Page 1 |