I N	Agenc	y Name		STON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2411814								
I C	ORI	NC	NG 02	10200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034		 Att At Found S M T W T 포 S								04 05 2024 15:19								
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	me Incident(s)																Time 15:19		
D.	#2	Crime I	ncident		· FF				_	Location			13	.19	7 04		13 201		ffense		
A	Crime Incident Com 500 Buckhead Rd, Winston-salem N																		314		
T A	#3	_rime i	ncident					☐ Att Premise Type ☐ 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:															se:					
	O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																				
V I		Listins/		igious L.E. Off Name (Last, First,			ity 🔲 Othe	er/Un	know	n 🗆		nal 🔲			Other			No	□N/.	A nt Status	
C	V1	v ictiiii/			Victim of Crime # DOB / Age						7 Age	Race	Sex	Relations To Offen	der	☐ Resi	ident				
T I	V 1		DA	ΓA OMITTED											□ Non- □ Unk	-Resident					
М -	Home Address DATA OMI'									LL PTFD						Home Phone					
	Employer Name/Address DATA ON															Business Phone					
	VYR	Color Lic/Lis Vin						Vin													
O T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counte	erfeit / F	orged	F = Foun	d 						
	Victim # DCI Status Value OJ QT					QTY	Property Description								Mak	Iake/Model Serial Number				ıber	
P - R - O														DAT	TA OMI						
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ID	Office: PER		. T. (16	ID (206)	Officer Sig	natui	re				T	Supervisor (0)	Signati	ıre							
11/	Complainant Signature Case Stat									Case Disposition:											
Status							☐ Further ☐ Inact ☐ Closed	ive /Clea	ared				by Ar by Ar	rest by Ander	Refuse other Ag	gency	ooperate		dition D	Declined e 1	