I N	Agenc	y Name		NSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2412141					
I C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time			
D E			ncident(s				Att At Found SMTWTFS Month Day Yr Time								Day Time O4 O8 2024 II:39 Hrs.				
N T	#1			, Weapons-o	ther	•		_	Com	Month 04				lime 1:39 Hrs				Time 11:38 Hrs.	
D.	#2	Crime I	ncident	1					Att	Location	of Ir	ncident					70 2024	Offense Tract	
A T	Com 1245 Ivy Av, Winston-salem NC 27. H3 Crime Incident																Victim Resid	112	
A	#3	Jime I	iicident						Com	1 Tellise	турс					- 1		ily ∏Multi Family	
МО			d or Com MITTEI		Forcible ☐ Yes ☐ No						Weapon / Tools								
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:			
3.7	1			ciety Governm			inancial Instit		know			ken Bone		Severe	Lacerar Other			es Unknown	
V I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age R														Race			Resident Status	
C T	V1		$D\Lambda'$	ΓA OMITTED			Crime #								To Offender	Resident Non-Resident			
I M ·				TA OMITTED					1,						Unknown				
	Home Address DATA OMI									TTED						Home Phone			
•	Employer Name/Address DATA ON								ITTED						Business Phone				
•	VYR	Model	Color Lic/Lis Vin							Vin									
0																			
T H																			
R																			
S	DATA OMITTED																		
I	DATA OMITTED																		
N V	N V O																		
Ö																			
V																			
E D																			
Status																			
Codes	(Chec Victim			f recovered for other	Ť	Í										MI MII COUNTY			
	# DCI Status Value OJ					QTY		Property Description				Mak	e/Mo		erial Number ATA OMITTED				
P - R _																		FOR	
																	I	NFORMATION	
					_													SECURITY	
O P -					-													PURPOSES	
E - R																	О	NLY THE FIRST	
Т																	TWE	LVE PROPERTY	
Y																		ITEMS ARE	
																		DISPLAYED ON	
-					\dashv													P2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0					1					
ID	Office:		C (16	ID	#		Officer Sig	Officer Signature Supervisor Signature											
ID	MAST, M. C. (16114) Complainant Signature Case S														XIN, K. L. (15100)				
C4-4	r		<i>J</i>			☐ Further	☐ Further Investigation ☐ Unfounded ☐ Located							Ex	tradition Declined				
Status							Closed	Closed/Cleared Cleared by Arrest b						rrest by And	Refuse to Cooperate Another Agency Prosecution Declined Page 1				