I N	Agenc	y Name		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2412150								
I C	ORI	NC	NC 034	10200			REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E			ncident(s					lπ	Att	At Four	nd	Day Yr Time			Last				
N T	#1		`	Drug Viola	tion	S		_	Com	Month 04	D			lime 1:03   Hrs			Day Yr 🖰	Time 14:02  Hrs.	
D .	#2	Crime I	ncident	-		Att	Location	n of	Incident						Offense Tract				
A T		'rime I	Violat ncident	tion Of City/cou	nty	Ordinan	исе	_	Com 100 W Fifth St, Winston-salem NC 27101 Att Premise Type Victim Resi								Victim Reside	111	
A	#3	Jime I	nerdent						Com	Tremise	1 91	, c				- 1		ly □Multi Family	
МО			d or Com MITTEI			•					Forcible Yes	X N/A	We	apon / Tools					
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use															lcohol Use:			
V I		Jiotim/		igious  L.E. Off Name (Last, First,			aty Othe	er/Un	know	n _		ternal  Victim of		nscious   B / Age	Other Race	<u> </u>			
C T	V1	v ictiii/							Crime #	DOI	o / Age	Race	sex	To Offender	☐ Resident				
I	` -		DA	ΓA OMITTED					1,2						☐ Non-Resident				
М -	Home Address DATA OMIT									TTED						Home Phone			
•	Employer Name/Address DATA OMI															Business Phone			
	VYR	Color Lic/Lis Vin						Vin											
		I			_				<u> </u>										
О																			
T H																			
E	E																		
R S	R S																		
_							DATA	(	M	TTTI	ΞĒ	)							
I N																			
V O	V C																		
L																			
V E																			
D																			
a	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = er jur	risdiction)	Z = Seized	В=	Burn	ied C=	Cou	interfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	odel S	erial Number	
													DA	ATA OMITTED					
- P - R																	I	FOR FORMATION	
																		SECURITY	
0																		PURPOSES	
Р <sup>-</sup> Е -																			
R T					_													VE PROPERTY	
Y ·																	I WEL	ITEMS ARE	
																	D	ISPLAYED ON	
																	I	2C REPORTS	
-		2.7			$\Box$			1											
	Numb		ehicles S	tolen 0		mber Vehi	cles Recovere Officer Sig		0 re				Ī	Supervisor	Signati	ıre			
ID	ANDERSON, B. R. (15633)								WAGONER, S. D. (15802)										
	Complainant Signature Case State									tion		Case Dispos		□ Loc	ated		□ Ext	radition Declined	
Status	Inac											Cleared	by Aı	rest	Refuse	e to C	ooperate		
							☐ Closed			hausted				rest by And				Page 1	