I N	Agenc	y Name		ISTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2412163							
I C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10	NC .			Λ# I	At Fo	ınd	I SI 4	ılılw	TFS	04		08 2	024	Time 15:12 Hr <u>₩ T W T F</u>					
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, raffic Accident- _i	ı —	Month Day Yr Time Month Day Yr									. —	Time 15:12 Hr				
D.	#2	Crime I	ncident	, -,,,, ,		Att		_	f Incident	† 15	7.12	7 04		00 202		ffense Tract	<u>~</u>			
A		7 T	: 1					_	☐ Com 1499 New Walkertown Rd, Wi							nston-salem NC 222 Victim Residence Type				
T A	#3	Jime I	ncident						Att Com	Pielilis	ету	pe				- 1			ze Type ⊓Multi Fam	ily
МО			d or Com										Forcible Yes	X N/A	_	apon / Too		<u> </u>		
	No No															C.T 1 Drug/Alashal Usas				
	# of Victims Type																n			
V	<i>0</i>			igious 🔲 L.E. Off			uty 🔲 Othe	er/Un	nknow		_	nternal 🔲	Uncor	scious [Other		or _	No	□N/A	
I C		Business	Name (Last, First,		Victim of DOI Crime #					3 / Age	Race	Sex	Relations To Offen		Resident Statu Resident	18				
T I	V1 DATA OMITTED																		☐ Non-Resid	ent
Μ ·	Home Address															Hor	ne Phone		Unknown	_
	Employer Name/Address DATA OMI														Business Phone					
	DAIA								OMITTED											
	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis				Vin						
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered for other	D = : er jur	Damaged isdiction)	Z = Seized	B =	Burn	ied C	= Co	unterfeit / F	orged	F = Foun	d					
	Victim # DCI Status Value OJ					QTY		Property Description					Mak	ke/Model Se			al Number			
P - R - O													DAT	A OMITTED	<u>, </u>					
					\dashv													INF	FOR FORMATION	_
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Р ⁻ Е -																				
R																	TDXX		Y THE FIRS	—
Т Ү -					\dashv												TV		E PROPERT TEMS ARE	<u>Y</u>
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			ehicles S	tolen 0		nber Vehi	cles Recovere		0				-	Cumami'-	Ciar	1100				_
ID	Officer GRE	GOR	Y-PHII	Officer Sig	natui	re					Supervisor (0)	or Signature								
	Complainant Signature Case State									S Case Disposition:										
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared			☐ Unfoun ☐ Cleared ☐ Cleared ☐ Death of	by Ai	rest by And] Refuse other Ag	gency	Cooperate		Page 1	:u —