I N	Agenc	y Name		NSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2412182						
I C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s		 Att At Found								04 08 2024 15:57 Hz Last Known Secure SM T W T F							
N T	#1							Att At Found SM TWTFS Month Day Yr Time X Com 04 08 2024 15:57 1								Month Day Yr				ırs.
D.	#2	Crime I	ncident	1		Att	Location	of Inc	ident					70 20		Offense Tract				
A T	Com I60 Noel Dr, Winston-salem NC 27																Jiotim D.	acidan	124	
A	#3	Jillie I	neident					☐ Att Premise Type ☐ Com								Victim Residence Type ☐ Single Family ☐ Multi Family				
МО			d or Com MITTEE					•					Forcible Yes	X N/A	We	apon / To	ools			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcoh															cohol Use:	-			
	O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																wn			
V I		Victim/		igious L.E. Off Name (Last, First,			ity Othe	er/Un	know	n 🗆		nal [scious Age	Other Race			□ No	□N/A Resident Sta	atus
C T	V1	v ictiii/			iviida	10)						me #	DOL) / Age	Race	ЗСХ	To Offe	nder	☐ Resident	t
I	,]		DA	ΓA OMITTED															□ Non-Res	
М -	Home Address DATA OMI									ГТЕО						Home Phone				
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•	VYR Make Model Style						Color Lic/Lis Vin							Vin						
O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number				
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ID	Office:		G. S. (1.	ID 5871)	Officer Sig	Officer Signature Supervis BOG.								or Signature ER, J. C. (14943)						
	Comp	lainant	Signatur	e	Case Status	Case Disposition:							, ,							
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red			Cleared Cleared	by Ar	rest Loc rest by And	Refuse other Ag	gency	ooperate	_	Page 1	