I N	Agenc	y Name		NSTON-SALEN	1 P	OLICE	] IN	NCIDENT/INVESTIGATION					OCA 2412183					
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   17   17   17   17   17   17   17   1					
N T	#1			, ng Threats -intin	nida	ıtion, No	n Physical		Com	Month 04			Time 7:13  Hrs				Time 17:12  Hrs.	
D.			ncident	0				_	Att	Location	of Inciden	t	•				Offense Tract	
A T		Trima I	ncident					_	Com			t, Wins	ton-salem	<i>NC</i> 2		7 Victim Resider	313	
A	#3	Jillie i	neident					☐ Att Premise Type ☐ Com						☐ Single Family ☐ Multi Family				
МО			d or Com										Forcible Yes	X N/A	We	apon / Tools		
																cohol Use:		
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:    Society   Government   Financial Institute   Broken Bones   Severe Lacerations   Other Major   William   Victims   Other Major   None   Minor   Loss of Teeth   Drug/Alcohol Use:   William   Wil																	
V	$\frac{I}{I}$	Listins/		-			ity 🔲 Othe	er/Un	know	n 🗆	Internal		nscious [	Other	Majo		□N/A Resident Status	
C T	Victim/Business Name (Last, First, Middle) V1											Victim of Crime # DOB / Age 29 Ra			Sex	Relationship To Offender		
I	DATA OMITTED   1,													W	F	1ST	☐ Non-Resident ☐ Unknown	
М -	Home	Addre	ss			D	ATA OMI	 TTED							Home Phone			
	E1 N/A dd								OMITTED						Business Phone			
	VYR	M	Model	Color Lic/Lis Vi						Vin								
									<u> </u>									
O																		
T H																		
E																		
R S																		
	DATA OMITTED																	
I N	DITII OMITTED																	
V																		
L	O L																	
V E																		
D																		
	us L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																	
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered f recovered for other	D = : er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed C = C	Counterfeit	/ Forge	l F = Foun	d				
	Victim # DCI Status Value OJ					QTY		Property Description					Mal	ce/Mo	odel Se	rial Number		
P - R - O																DA	TA OMITTED	
					$\dashv$											IN	FOR FORMATION	
					$\dashv$												SECURITY	
																	PURPOSES	
Р <sup>-</sup> Е -																		
R																	LY THE FIRST	
Т Ү					$\dashv$												VE PROPERTY ITEMS ARE	
					$\dashv$	+							+				SPLAYED ON	
-																P	2C REPORTS	
-					$\Box$			_										
	Numb		ehicles S	tolen 0		nber Vehi	cles Recovere		0 re				Supervisor	Signat	ure			
ID	MEA	05)									X, C. M. (15574)							
	Comp	Signatur	e	1	Case Status Case Disposition:  ☐ Further Investigation ☐ Unfounded					☐ Loc	☐ Located ☐ Extradition Declined							
Status	Inactive ☐ Cleared by A											rrest	Refus	e to C	ooperate			
								ared Cleared by Arrest by Another Agency ds Exhausted Death of Offender Prosecution Declined Page							Page 1			