| I<br>N          | Agenc   | y Name            | · WIN                | ] IN                    | INCIDENT/INVESTIGATION                 |                    |   |                                 |                   |          |         | OCA 2412227   |                     |  |             |   |                     |                        |  |
|-----------------|---|-------------------|----------------------|-------------------------|--|--------------------|---|---------------------------------|-------------------|----------|---------|---|---------------------|--|-------------|---|---------------------|------------------------|--|
| C               | ORI   | NC                | NC 034               | 10200                   |  |                    | 1   | REPORT                          |                   |          |         |   |                     |  |             | Date / Time Reported SMTWTFS<br>Month Day Yr Time |                     |                        |  |
| D<br>E          |   | rime I            |                      |                         | Att At Found SMTWTFS Month Day Yr Time |                    |   |                                 |                   |          |         | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |                     |  |             |   |                     |                        |  |
| N<br>T          | #1  |                   | (S                   | ,<br>Discharging F      | 'irea                                  | ırm                |   | ı —                             | Com               | Month 04 | D       |   |                     | lime<br>3:55  Hrs                            |             |   | Day Yr<br>18   2024 | Time                   |  |
| D .             | #2  | Crime I           | ncident              | 2 1301101 8118 1        |  |                    |   | _                               | Att               |          |         | Incident  | +   23              | 1.33   1111                                  | 7 04        |   | 00   202            | Offense Tract          |  |
| Α               | Com 2018 E Fifth St, Winston-salem NC   |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     | 221                    |  |
| T<br>A          | #3  | Crime I           | ncident              |                         |  |                    |   |                                 | Att<br>Com        | Premise  | Тур     | pe  |                     |  |             | - 1   | Victim Resi         | dence Type<br>nily     |  |
| МО              |   |                   | d or Com<br>MITTED   |                         |  |                    | •   |                                 |                   |          |         | Forcible<br>☐ Yes  <br>☐ No                           | <b>X</b> N/A        | We   | apon / Tool | s   |                     |                        |  |
|                 | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use: |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             | Alcohol Use:                                      |                     |                        |  |
|                 | Z Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unknow     |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             | _   |                     |                        |  |
| V<br>I          |   | Victim/           |                      | Name (Last, First,      |  |                    | ity U Otne  | er/Un                           | ıknow             | 'n   _   |         | ternal   Victim of                                    |                     |  | Race        | <del>.</del>                                      |                     |                        |  |
| C<br>T          | V1  |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  | ruce        | BUA   | To Offend           | er Resident            |  |
| I               |   |                   | DA                   | ΓA OMITTED              |  |                    |   |                                 |                   |          |         | 1,  |                     |  |             |   |                     | ☐ Non-Resident         |  |
| M               | Home Address DATA OMI   |                   |                      |                         |  |                    |   |                                 |                   | TTED     |         |   |                     |  |             | Home Phone  |                     |                        |  |
|                 | F1 N/A J.J  |                   |                      |                         |  |                    |   | OMITTED                         |                   |          |         |   |                     |  |             | Business Phone                                    |                     |                        |  |
|                 | VYR   | Color Lic/Lis Vin |                      |                         |  |                    |   | Vin                             |                   |          |         |   |                     |  |             |   |                     |                        |  |
|                 |   |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     |                        |  |
| О               |   |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     |                        |  |
| T               |   |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     |                        |  |
| H<br>E          |   |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     |                        |  |
| R               | R   |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     |                        |  |
| S               |   |                   |                      |                         |  |                    | D 4 T 4   |                                 |                   | TOOL     | <b></b> | _   |                     |  |             |   |                     |                        |  |
| I               | DATA OMITTED  |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     |                        |  |
| N<br>V          |   |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     |                        |  |
| O               | V<br>O  |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     |                        |  |
| L<br>V          |   |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     |                        |  |
| E               |   |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     |                        |  |
| D               |   |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     |                        |  |
|                 |   |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     |                        |  |
| Status<br>Codes | L = L<br>(Chec  | ost S<br>k "OJ"   | = Stolen<br>column i | R = Recovered for other | D = I<br>r juri                        | Damaged isdiction) | Z = Seized  | B =                             | Burn              | ied C=   | Cou     | ınterfeit / F   | orged               | F = Foun                                     | d           |   |                     |                        |  |
|                 | Victim # DCI Status Value OJ QTY  |                   |                      |                         |  |                    | Property Description  |                                 |                   |          |         |   |                     |  | Mak         | ce/Mo   | odel                | Serial Number          |  |
| -<br>-<br>P -   |   |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   | I                   | DATA OMITTED           |  |
|                 |   |                   |                      |                         | $\dashv$                               |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     | FOR                    |  |
|                 |   |                   |                      |                         | $\dashv$                               |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     | INFORMATION SECURITY   |  |
| R<br>O          |   |                   |                      |                         | +                                      |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     | PURPOSES               |  |
| Р.              |   |                   |                      |                         | _                                      |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     |                        |  |
| E ·             |   |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     | ONLY THE FIRST         |  |
| Т<br>Ү.         |   |                   |                      |                         | _                                      |                    |   |                                 |                   |          |         |   |                     |  |             |   | TWI                 | ELVE PROPERTY          |  |
|                 |   |                   |                      |                         | $\dashv$                               |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     | ITEMS ARE DISPLAYED ON |  |
|                 |   |                   |                      |                         | $\dashv$                               |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     | P2C REPORTS            |  |
|                 |   |                   |                      |                         |  |                    |   |                                 |                   |          |         |   |                     |  |             |   |                     |                        |  |
|                 |   |                   | ehicles S            | -                       |  | nber Vehic         | cles Recovere   |                                 | 0                 |          |         |   |                     |  |             |   |                     |                        |  |
| ID              | Office:   |                   | J. W. (              | ID<br>(15759)           |  | Officer Sig        | Officer Signature Supervisor Signature STUMP, J. K. (14922) |                                 |                   |          |         |   |                     |  |             |   |                     |                        |  |
| 11/             | WALKER, J. W. (15759)  Complainant Signature Case Sta   |                   |                      |                         |  |                    |   |                                 | Case Disposition: |          |         |   |                     |  |             |   |                     |                        |  |
| Status          |   |                   |                      |                         |  |                    |   |                                 |                   |          |         |   | xtradition Declined |  |             |   |                     |                        |  |
| siaius          |   |                   |                      |                         |  |                    | Closed  | ☐ Closed/Cleared ☐ Cleared by A |                   |          |         |   |                     | Arrest by Another Agency  ffender     Page 1 |             |   |                     |                        |  |