| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | INCIDENT/INVESTIGATION | | | | | | | OCA 2412399 | | | |
|-----------------|---|---------------------------------|--------------------|-------------------------------------|--------------|--|---------------|------------------------------|---|--|----------------|-----------|-------------|---|----------------|--------------------------------|------------------|-----------------------------|--|
| C | ORI | NC | NC 034 | 10200 | | 1 | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | <u> </u> | | ncident(s | | | │ Att │ At Found │ S M T ℋ T F S MOnth Day Yr Time | | | | | | | T F S | Day II Time O4 10 2024 09:24 Hrs. Last Known Secure S M T M T F S Month Day Yr Time | | | | | |
| N T | #1 | | | Other Drug Vi | olati | on | | _ | Com | Month 04 | | | | ime :24 Hrs | | | | Time 09:23 Hrs. | |
| D | #2 | Crime I | ncident | 0 | | | | _ | Att | Location | of Inci | dent | | • | • | | | Offense Tract | |
| A T | | Trimo I | ncident | | | | | | 5470 Shattalon Dr Apt. 1D, Wi Premise Type | | | | | ton-salem NC 123 Victim Residence Type | | | | | |
| A | #3 | JIIIIC I | ncident | | | | | ☐ Att Premise Type ☐ Com | | | | | | | | ☐ Single Family ☐ Multi Family | | | |
| МО | | | d or Con MITTEI | | Forcible Yes | | | | | | Weapon / Tools | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | | |
| | Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Laceration | | | | | | | | | | | | | | | ions | ions Yes Unknown | | |
| V I | | Victim/ | | igious L.E. Off Name (Last, First, | | | uty Othe | er/Un | ıknow | n _ | | al 🔲 l | | scious Age | Other | | | | |
| C T | V1 | · ictiiii | | | . Trudi | c) | | | | | Crin | | DOL | / Agc | Race | SCA | To Offende | Resident | |
| I | - 1 | | DA | ΓA OMITTED | 1, | | | | | | | | | ☐ Non-Resident | | | | | |
| M | Home | Addre | ess | | ГТЕD | | | | | | | | Home Phone | | | | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | | Business Phone | | | | |
| , | VYR | Color | Color Lic/Lis Vin | | | | | | | | | | | | | | | | |
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| Status Codes | L = L (Chec | ost S | = Stolen | R = Recovered | D = D | amaged | Z = Seized | B = | Burn | C = C | Counter | feit / Fo | orged | F = Foun | d | | | | |
| | Victim | | Status | Value | | Property Description | | | | | | | Mak | Make/Model Serial Number | | | | | |
| , | # DCI Status Value OJ QTY PCA OTHE | | | | | | | 1 1 | | | | | | | FORD I | | | ATA OMITTED | |
| | | PCA OTHE 1 2001 DGR, EJL6004 NC | | | | | | | | KIA | | | FOR | | | | | | |
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| R O | | | | | | - | | | | | | | | | | | | PURPOSES | |
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| | | | ehicles S | - | | ber Vehi | cles Recovere | | 0 | | | | | <u> </u> | G. | | | | |
| ID | Office REY | | DS, C | ID J. (15531) | Officer Sig | | | | | | | | | or Signature <i>I</i> , <i>A. B.</i> (15617) | | | | | |
| | Complainant Signature Case State | | | | | | | | | Case Disposition: | | | | | | | | 4 | |
| Status | X Ina | | | | | | | | | · Investigation ☐ Unfounded ☐ Loc ive ☐ Cleared by Arrest ☐ | | | | | | to C | ooperate | tradition Declined | |
| | | | | | | Closed | /Cleared | | | | | | rest by And | Another Agency Prosecution Declined Page 1 | | | | | |