I N	Agenc	y Name		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2412441							
I C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported SMTWTFS					
D E		Crime I	Att At Found SMT-MTFS Month Day Yr Time								04 10 2024 16:06 Hrs Last Known Secure S M T W T F Month Day Yr Time									
N T	#1				ı —	Com	Month 04	1			ime 5:06 Hrs				Yr —	Time	Hrs.			
D.	U.C. Crime Incident																<u> </u>		Offense Tra	
A T	Crime Incident Com 201 N Chestnut St, Winston-salem I																	Dasidan	111 ce Type	
A	#3	Jillie I	neident				Com	Tienns	СТУ	pe							ce Type y □Multi F	amily		
МО			d or Com MITTEI		Forcible ☐ Yes ☐ No						Weapon / Tools									
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
3.7	0 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															own				
V I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age 1															Sex		onship	Resident S	
C T	V1		DΛ	ΓA OMITTED								Crime #					To Off	fender	☐ Resider	
I M ·			DA	IA OMITTED															☐ Unknov	
141	Home Address DATA OMI									TTED						Home Phone				
	Employer Name/Address DATA ON								 ITTED						Business Phone					
	VYR	Color Lic/Lis Vin						Vin												
O																				
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H E																				
R S																				
	DATA OMITTED																			
I N	DATA UNITTED																			
V	v																			
O L																				
V E																				
D																				
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 =	Burr	ed C=	= Co	ounterfeit / F	orged	F = Foun	ıd					
	Victim # DCI Status Value OJ QTY						Property Description								Mal	ake/Model Serial Number				
	п	" Topen							F	Description						DATA OMITTED				
P - R - O																			FOR	<u> </u>
																			FORMATION SECURITY	
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Р ⁻ Е -																				
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-	NT .	033	-1-: 1 ~	4-1)	37.11	-1 P													
	Office	r	ehicles S	ID		mber Vehi	cles Recovere Officer Sig		0 re					Supervisor	Signat	ure				
ID	RAN	KIN,	K. L. (15100)			-		Ι.	G P:	.,.	MATT	TISON, G. M. (15167)							
										Case Disposition: Investigation ☐ Unfounded ☐ Located							Г	☐ Extra	dition Decl	lined
Status					☐ Inact		ared			Cleared	by A	rest rest by And	7 Refus	e to C	oopera	te				
							Closed			hausted	- [□ Death o						ned	Page 1	