I N	Agency Name WINSTON-SALEM POLICE								INCIDENT/INVESTIGATION							OCA 2412507			
C ·	ORI NC NC 0340200									REPORT						Date / Time Reported SMTWTFS Month Day Yr Time			
D E			ncident(s		   Att   At Found							TIFISI	04   11   2024  06:53 Hrs.						
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, raffic Accident- <sub>i</sub>	r Pva	Att   At Found   S M T W = F S   M T W = F S   M T W = F S     X Com   04   11   2024   06:53								Month Day Yr Time					
D.	#2	Crime I	ncident	, -,,,, ,	r				-	Location			100	.55	7 04			Offense Tract	
A		7 T					_	☐ Com 301 Medical Center Bv, Winsto						n-sale	-salem NC 27103 312 Victim Residence Type				
T A	#3	Jillie 1	ncident						Com	Pieiiise	i ype							lly ∏Multi Family	
МО			d or Con MITTEI									Forcible Yes	X N/A	We	apon / Tools				
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															lcohol Use:			
	O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																		
V I		Victim/		igious L.E. Off Name (Last, First,			ity 🔲 Othe	er/Un	know	n 🗆					Other Race	<u> </u>			
C T	V1					Victim of Crime # DOB / Age				Race	Sex	To Offender	☐ Resident						
I	1		DA	ΓA OMITTED											☐ Non-Resident				
М -	Home Address DATA OMI'															Home Phone			
	Employer Name/Address DATA OM															Business Phone			
	VYR							Vin											
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered for other	D = L r juri:	Damaged sdiction)	Z = Seized	В=	Burn	ed $C = C$	Counter	rfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ Q7						Property Description								Mak	e/Mo	odel S	erial Number	
- P - R																DA	ATA OMITTED		
																	IN	FOR NFORMATION	
																		SECURITY	
0																		PURPOSES	
Р <sup>-</sup> Е -																			
R.																		VE PROPERTY	
Т Ү					-									+			IWEL	VE PROPERTY ITEMS ARE	
-					_									+			D	ISPLAYED ON	
-																		2C REPORTS	
_																			
			ehicles S			ber Vehic	cles Recovere		0				,	C	C:	146			
ID	Office: ARA	UZ, C	C. A. (1.	ID 5658)	Officer Sig	Officer Signature Supervis. $(0)$							or Signature						
	Complainant Signature Case State								Case Disposition:						oto-d		- E.	radition Dacition 1	
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ıred			Cleared Cleared	by Ar by Ar	rest Loc rest by And	Refuse other Ag	ency	looperate	Page 1	