| I<br>N<br>C               | Agenc   | y Name  |                    | NSTON-SALE                           | OLICE                 | INCIDENT/INVESTIGATION<br>REPORT |                                     |                              |       |         |   |                    | OCA 2412611  |                       |   |                    |          |                             |
|---------------------------|---|---------|--------------------|--------------------------------------|-----------------------|----------------------------------|-------------------------------------|------------------------------|-------|---------|---|--------------------|--------------|-----------------------|---|--------------------|----------|-----------------------------|
| I                         | ORI   | NC      | NC 034             | 40200                                |                       |                                  |                                     |                              |       | I\L   \ |   |                    |              |                       |   | Reported<br>Day Yr | SMT      | 기씨크 키 S<br>ime<br>):48 Hrs. |
| D<br>E                    |   |         | ncident(s          |                                      |                       | A                                | tt I                                | At Found                     | SI    | 4 T W   | ŢFS                                     | 04                 |              |                       |   | ):48 Hrs.<br>[메포티s |          |                             |
| N                         | #1  |         |                    |                                      |                       |                                  |                                     |                              | " I i | Month   | Day Yr                                  | ` Т                | 'ıme         |                       |   | n Secure<br>Pay Yr | Tim      | ie                          |
| T                         | #2  | Crime I | ncident            | anon of this E                       | Ct 11                 |                                  | ,                                   | ☐ Att   Location of Incident |       |         |   |                    |              | 3 <u>04</u>           | 04   11   2024   19:48   Hrs.<br>Offense Tract          |                    |          |                             |
| D<br>A                    | Com 500 Akron Dr, Winston-salem NC 2                                      |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       | 105   |                    | 12       | 22                          |
| T                         | #3 Crime Incident   |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              | Victim Residence Type |   |                    |          |                             |
| A                         | □ Com   |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       | ☐ Single Family ☐ Multi Family                          |                    |          |                             |
| МО                        |   |         | d or Con<br>MITTEI |                                      |                       |                                  |                                     |                              |       |         |   |                    | Forcible Yes | X N/A                 | Wea   | npon / Tools       |          |                             |
| V                         | # of Victims   Type   D   Drug/Alcohol Use:                               |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       |   | Hse.               |          |                             |
|                           | # of Victims   Type   |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       |   |                    |          |                             |
|                           | 1   |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       |   |                    |          |                             |
| I<br>C                    | Victim/Business Name (Last, First, Middle)   Victim of   DOB / Age   Race |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       | e Sex Relationship Resident Status To Offender Resident |                    |          |                             |
| T                         | V1  |         | DA                 | TA OMITTED                           |                       |                                  |                                     |                              |       |         | Crime #                                 |                    |              |                       |   | To Offende         |          | kesident<br>Ion-Resident    |
| I<br>M                    |   |         | Dit                | 171 OMITTED                          |                       |                                  |                                     |                              |       |         | 1,                                      |                    |              |                       |   |                    |          | Jnknown                     |
| IVI ·                     | Home  | Addre   | ss                 |                                      | ATA OMI               | TTED                             |                                     |                              |       |         |   |                    | Home Phone   |                       |   |                    |          |                             |
|                           | Employer Name/Address DATA Ol   |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       | Business Phone  |                    |          |                             |
| ,                         | VYR   | M       | ake                | Model                                | Color   Lic/Lis   Vin |                                  |                                     |                              |       |         | Vin                                     |                    |              |                       |   |                    |          |                             |
|                           |   |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       |   |                    |          |                             |
| T H E R S I N V O L V E D | DATA OMITTED  |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       |   |                    |          |                             |
| Status<br>Codes           | (Chec   | k "OJ"  | = Stolen<br>column | R = Recovered if recovered for other | D =                   | isdiction)                       | Z = Seized                          | B = B                        | urne  | a C=C   | ounterreit / F                          | orgea              | F = Four     | ıa                    |   |                    |          |                             |
|                           | Victim # DCI Status Value OJ QTY  |         |                    |                                      |                       |                                  | Property Description                |                              |       |         |   |                    |              | Mal                   | e/Mo  | del S              | Serial N | umber                       |
| P -<br>R .                |   |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       |   | D                  | ATA C    | MITTED                      |
|                           |   |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       |   |                    |          | OR                          |
|                           |   |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       |   | ]                  |          | MATION                      |
|                           |   |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       |   |                    |          | JRITY                       |
| O<br>P .                  |   |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       |   |                    | PUR      | POSES                       |
| E ·                       |   |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       |   |                    |          |                             |
| R.                        |   |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       |   |                    |          | HE FIRST                    |
| Т<br>Ү.                   |   |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       |   | TWE                |          | ROPERTY                     |
| Y                         |   |         |                    |                                      |                       |                                  |                                     |                              |       |         |   |                    |              |                       |   |                    |          | IS ARE                      |
|                           |   |         |                    |                                      | _                     |                                  |                                     |                              |       |         |   |                    |              |                       |   |                    |          | YED ON                      |
|                           |   |         |                    | -                                    |                       |                                  |                                     |                              |       |         |   |                    |              |                       |   |                    | r 2C KI  | EPORTS                      |
| -                         | Numb  | er of V | ehicles S          | Stolen 0                             | Nive                  | mber Vok                         | cles Recovere                       | d 0                          |       |         |   |                    |              |                       |   |                    |          |                             |
|                           | Office  |         | emeies S           | otolen 0                             |                       | noer venic                       | Officer Sig                         |                              |       |         |   | Т                  | Supervisor   | Signat                | ıre   |                    |          |                             |
| ID                        |   |         | R. (151            |                                      |                       | Officer sig                      | gnature Supervise (0)               |                              |       |         |   |                    | o Signature  |                       |   |                    |          |                             |
|                           |   |         | Signatur           |                                      |                       | Case Status                      | Case Disposition:                   |                              |       |         |   |                    |              |                       |   |                    |          |                             |
| Status                    |   |         |                    |                                      |                       |                                  | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive<br>/Cleare               | ed    |         | ☐ Unfoun ☐ Cleared ☐ Cleared ☐ Death of | l by Ai<br>l by Ai | rest by And  | Refuse<br>other Ag    | gency   | Declined           |          | n Declined age 1            |