| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | CIDENT/INVESTIGATION | | | | | | OCA 2412619 | | | | |
|---|---|---------|--------------------|--------------------|----------------------|---------------------------------------|-------------------------------------|--------------|----------------------|-------------------|---|----------------------------------|-------------------|---|--------------------|-----------------------|--------------------|---------------------|--|
| C | ORI | NC 02 | 40200 | REPORT | | | | | | | Date / Time Reported SMTWIFS Month Day Yr Time | | | | | | | | |
| D E | 10 | | NC 034 | | | │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ | | | | | | | | Day 11 Time O4 11 2024 21:02 Hrs. Last Known Secure S M T W T F S Month Day Yr Time | | | | | |
| N T | #1 | Jimio I | neraem(s | , Drug Viola | tion | S | | ı — | Com | Month 04 | Ι | | | Time $1:02$ Hrs | | | Day Yr 1 | Time | |
| D D | #2 | Crime I | ncident | Drug riota | | | | | \rightarrow | | | Incident | 1 21 | 1.02 | 31 04 | | 2024 | Offense Tract | |
| Α | | ~ | | phernalia- Usin | Equipme | nt | | Com | | | | ın Ct | , Winston | -salen | | | 322 T | | |
| T A | #3 Crime Incident Resisting Arrest | | | | | | | | | Premise | Ty | pe | | | | | | ence Type ily | |
| МО | | | d or Con MITTEI | | | | | | | | Forcible Yes No | X N/A | We | apon / Tools | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | | |
| 37 | 1 | | | ciety Governm | | | inancial Instit | | know | | - | roken Bone nternal 🔲 | | Severe | Lacera Other | tions | | es Unknown | |
| V I | | Victim/ | | Name (Last, First, | | | uty 🔲 Ouk | 21/ (31) | KIIOW | " L | | Victim of | | 3 / Age | Race | | r ⊠ N Relationshir | Resident Status | |
| C T | V1 | | DA' | ΓΑ OMITTED | | | | | | Crime # | | | | | To Offender | Resident Non-Resident | | | |
| I M | | | DA | IA OWITTED | | | | | 1,2,3 | | | | | | Unknown | | | | |
| 141 | Home Address DATA OMI | | | | | | | | | ГТЕО | | | | | | Home Phone | | | |
| • | Employer Name/Address DATA OMI | | | | | | | | ГТЕD | | | | | | | Business Phone | | | |
| 1 | VYR | M | ake | Model | St | tyle | Color | | Lic | :/Lis | | | | Vin | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | |
| | Victim | | Value | | Property Description | | | | | | Mal | e/Mo | ıdal S | erial Number | | | | | |
| , | | | | | | | GLASS STEM | | | | | | | | 14141 | C/ 1V1C | | ATA OMITTED | |
| P - | | | | | | | | | | | | | | | | | | FOR | |
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| R O | | | | | | | | | | | | | | | | | | PURPOSES | |
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| E · | | | | | | | | | | | | | | | | | 0 | NLY THE FIRST | |
| T Y | | | | | | | | | | | | | | | | | TWE | LVE PROPERTY | |
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| | | | ehicles S | tolen 0 | | mber Veh | icles Recovere | | 0 | | | | | | | | | | |
| ID | Office | | I. R. (1) | Officer Sig | natur | e | | | | | Supervisor WFI I | or Signature S, S. S. (15941) | | | | | | | |
| ıν | LITTLE, J. R. (15928) Complainant Signature Case State | | | | | | | | | Case Disposition: | | | | | | | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive /Clea | red | | | | by A | Loc rrest rrest by Ander | Refuse other Ag | gency | ooperate | Page 1 | |