I N	Agenc	e WIN	] IN	INCIDENT/INVESTIGATION							OCA 2412858								
C ·	ORI	NC				1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)								☐ Att At Found SMTWTFS Month Day Yr Time							$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
N T	#1			, & Run Acciden	t-pp	Or Pva		ı —	Com	Month 04				ime :41  Hrs			Day Yr	Time $14:41$ Hrs.	
D.	#2	Crime I	ncident		11				Att	Location	of Inc	cident					İ	Offense Tract	
A T		Trima I	ncident					_	☐ Com 5175 Brookberry Park Av, Win ☐ Att Premise Type						ston-s	on-salem NC 324   Victim Residence Type			
A	#3	Jime I	neident						Com	1 Termse	Гурс							ly □Multi Family	
МО			d or Com MITTED					Forcible Yes							Weapon / 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 Unknow															es Unknown			
V I		Victim/		igious  L.E. Off Name (Last, First,			ity   Othe	er/Un	know	n 🗆		nal [		scious   Age	Other Race				
C T	V1	. 10 11111			Crime #					, rige	Race	БСХ	To Offender	☐ Resident					
I			DA.	ΓA OMITTED											☐ Non-Resident				
М -	Home Address DATA OMI									TTED						Home Phone			
	Employer Name/Address DATA Of															Business Phone			
	VYR	Color Lic/Lis Vin						Vin											
				l															
O																			
T																			
H E R S																			
	DATA OMITTED																		
I N									,,,,										
V	v																		
O L																			
V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered f recovered for other	D = l r juri	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = C$	Counte	erfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QT						Property Description								Mak	e/Mo	odel So	erial Number	
P - R - O								Tri Grand Francisco									DA	ATA OMITTED	
					_												TN	FOR	
					-												11	SECURITY	
					_													PURPOSES	
Р <sup>-</sup> Е -																			
R					$\Box$													ILY THE FIRST	
Т Ү -					_												TWEL	VE PROPERTY	
٠.					_												D	ITEMS ARE ISPLAYED ON	
-					$\dashv$									+				2C REPORTS	
-																			
			ehicles S			nber Vehic	cles Recovere		0										
ID	Office: STA.	r <i>RKE</i> ,	M. J. (	ID 15935)	Officer Sig	natur	e					Supervisor (0)	or Signature						
	Complainant Signature Case Sta								s Case Disposition:										
Status					☐ Further							rest	Located Extradition Declined  Refuse to Cooperate						
J						Closed	☐ Closed/Cleared ☐ Cleared by Arrest by A						rest by And	Another Agency Prosecution Declined Page 1					