I N	Agenc	y Name		VSTON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2412944								
C I	ORI	NC					1	REPORT								Date / Time Reported S M T W T F S Month Day Yr Time					
D E			NC 034		│ │								04 14 2024 11:48 Hrs								
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r Pva	Att At Found S M T W T F S M T W T F S								Month Day Yr				Time					
D	#2	Crime I	ncident	1		\rightarrow	Location			- 11	.40	7 04		14 20		Offense Ti					
A	Crime Incident Com 1689 Mallory Cr, Winston-salem N																		324		
T A	#3	Jillie 1	ncident					☐ Att Premise Type ☐ Com								Victim Residence Type ☐ Single Family ☐ Multi Family					
МО			d or Con MITTEI			Forcible Yes						☐ Yes	Weapon / Tools								
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															»:					
	O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																				
V I		Victim/		-			ity 🔲 Othe	er/Un	know	n 🗆		rnal [Other Race	.		□ No	□N/A Resident		
C T	V/1												rime # DOB / Age R			Sex	To Offe		☐ Resid	ent	
I	DATA OMITTED																		□ Non-I		
M	Home Address DATA OMI									TTFD						Home Phone					
	Employer Name/Address DATA O															Business Phone					
,	VYR	Color Lic/Lis Vin						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 = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = 0$	Coun	iterfeit / F	orged	F = Foun	d						
	Victim # DCI Status Value OJ QT					QTY	Property Description								Mak	ce/Mo	odel	Ser	ial Numb	er	
- - P - R														DA	ГА ОМІТ	TED					
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ID	Office:	Officer Sig	Officer Signature Superv. (0)							sor Signature											
	Complainant Signature Case State																				
Status							☐ Inact	☐ Further Investigation ☐ Unformulation ☐ Inactive ☐ Clear ☐ Closed/Cleared ☐ Clear					nded								