| I N | Agenc | y Name | · WIA | VSTON-SALEN |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2412972 | | | | | | | |
|---|---|---------|--------------------|---------------------------------|--|------------------------|---|--------------|--------|-----------------------------------|------------------|--|------------------------------|-----------------------|-----------------|--------------------------------|--------------------|---------------|-------------------|--------|
| C · | ORI | NC | NC 034 | | REP | REPORT | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | | | | | | |
| D E | | | ncident(s | | Att At Found SMTWTFS Month Day Yr Time | | | | | | | | 04 14 2024 16:42 Hrs | | | | | | | |
| N T | #1 | | | Threatening S | ı — | Com | Month 04 | D | | | ime 5:42 Hrs | | | | r 🗀 | Time 16:41 | | | | |
| D | #2 | Crime I | ncident | | | | Incident | | • | | | • | | Offense Ti | | | | | | |
| A T | u 2 (| Crime I | ncident | | | | | | Com | 3/21 Premise | | • | Rd, \ | Winston-s | salem . | | 2/104 Victim Re | siden | 324 ce Type | |
| A | #3 | | | | | | | | Com | | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Com MITTEI | | | | | Forcible Yes | | | | | | | Weapon / Tools | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | :: | | | | |
| V | 0 | | | ciety Government Gious L.E. Off | | | inancial Institution | | know | . – | - | oken Bone | | Severe | Lacera Other | | – |] Yes] No | □ Unk | |
| I | Victim/Business Name (Last, First, Middle) Victim of DOB / Age | | | | | | | | | | | | | | Race | <u> </u> | Relation | ship | Resident | Status |
| C T | V1 | | DA | ΓΑ OMITTED | | | | | | | ' | Crime # | | | | | To Offer | ider | ☐ Resid | |
| I M · | | A 11 | | | | | | | | | | | | | | ☐ Unkno | | | | |
| | Home Address DATA OMI | | | | | | | | | TTED | | | | | | Home Phone | | | | |
| | Emplo | oyer Na | me/Add | ress | D | ATA OMI | FA OMITTED | | | | | | | Business Phone | | | | | | |
| • | VYR Make Model Style | | | | | | Color Lic/Lis Vin | | | | | | | Vin | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | ake/Model Serial Number | | | | er |
| | π 201 Samuel Value 00 VII | | | | | | | 1. 3 | | | | | | | 17141 | DATA OMITTED | | | | |
| P - R - O | | | | | 4 | | | | | | | | | | | | | INI | FOR | TON |
| | | | | | \dashv | | | | | | | | | | | | | | FORMAT SECURIT | |
| | | | | | \dashv | | | | | | | | | | | | | | PURPOS | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | | |
| R T | | | | | _ | | | | | | | | | | | | TI | | Y THE I | |
| Y · | | | | | + | | | | | | | | | | | | 1 1 | | TEMS A | |
| - | | | | | + | | | | | | | | | | | | | | SPLAYE | |
| | | | | | | | | | | | | | | | | | | P2 | C REPO | RTS |
| - | | | | | Ţ | | 1 5 | | | | | | | | | | | | | |
| | Numb | | ehicles S | tolen 0 | | nber Vehic | cles Recovere Officer Sig | | 0 e | | | | Т | Supervisor | Signati | ure | | | | |
| ID | CAI | | DAY | | | | | | | or Signature <i>T. A.</i> (15478) | | | | | | | | | | |
| Status | Comp | lainant | Signatur | 2 | | Inact | ☐ Further Investigation ☐ Unfounded ☐ Cleared by Arrest | | | | | | Test Loc | Refuse to Cooperate | | | | | | |
| | | | | | | | ☐ Closed | | | nausted | | | | rest by And nder □ | | | | ıГ | Page | 1 |