| I N | WINSTON-SALEM POLICE | | | | | | | | | | | | | OCA | OCA 2413043 | | | | | |
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| C I | | | | | | | | | | | | | | | Date / | e/Time Reported S 型 T W T F S nth Day Yr Time | | | | |
| D E | 10 | | NC 034 | | | ☐ Att At Found _ S M T W T F S | | | | | | | | 04 15 2024 06:31 Hrs. | | | | | | |
| N T | #1 | | |) vice-non Crimin | Service | _ | r Com | | | | | | | | th Day Yr Time | | | | | |
| D . | #2 | | ncident | The Hort Crimin | | | Service | | \rightarrow | 04 Location | | | 1 00 | 0.31 111. | 3 <u>04</u> | | 13 20 | | Offense T | |
| A | Com 400 E Twenty-fifth St, Winston-salem N | | | | | | | | | | | | | | | | | | 112 | |
| T A | # 1 | | | | | | | | | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Com | | | Forcible Yes | | | | | | | Weapon / Tools | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | e: | | | | |
| | O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | | | | | |
| V I | | /ictim/ | | Name (Last, First, | | | ity 🗌 Othe | er/Un | know | 'n 📗 🔲 | | rnal /ictim of | | scious [| - - | Sex Relationship Resident Status | | | | |
| C T | VI DATA OMITTED | | | | | | | | | | | | | | | | To Offer | | ☐ Resid | lent |
| I M | | | | IA OMITTED | | | | | | | | | | | | □ Un | | | ☐ Unkn | |
| 171 | Home | Addre | SS | | | D | OATA OMITTED | | | | | | | | | Home Phone | | | | |
| | Emplo | yer Na | me/Addı | ress | ATA OMITTED | | | | | | | | Business Phone | | | | | | | |
| , | VYR Make Model Style | | | | | | Color Lic/Lis Vin | | | | | | Vin | | | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | QTY | Property Description | | | | | | | | Mak | ake/Model Serial Number | | | | |
| - - P - R | | | | | | | | | | | | | | DA | FOR | ΓΤΕD | | | | |
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| - | Numb | er of V | ehicles S | tolen 0 | Num | her Vahi | cles Recovere | d | 0 | | | | | | | | | | | |
| | Office | | | ID | | ioei veiil | Officer Sig | | - | | | | Π | Supervisor | Signat | ure | | | | |
| ID | MAS | | | | | l C: | D: | iti c | BOGE | ER, J. C. (14943) | | | | | | | | | | |
| Status | Comp | ainant | Signatur | ė. | ☐ Further☐ Inact☐ Closed | ☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperat ☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency | | | | | | | ooperate | _ | dition De | | | | | |
| | | | | | | | □ Closed | /Leac | ıs Exl | nausted | 1 5 | ⊐ Death o | it Offe | nder ⊏ | 1 Prosec | cution | i Declined | 1 1 | Page | 1 |