| I N | Agenc | y Nam | | NSTON-SALE | POLICE | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2413066 | | | | | |
|--|---|--------------|---------------------|---------------------------------------|--------|----------------------------------|----------------------------------|----------------------|-------|-------------------------------------|------------------------------|----------------|--|------------------|---|-------------------------|----------------------------|--|
| C · I | ORI | NC | NC 034 | | | | | | | | | | Date / Time Reported S M T W T F S Month Day YI Time | | | | | |
| D E | (| | ncident(s | | | | | | | | | | Month Day II Time 04 15 2024 13:12 Hrs. Last Known Secure Month Day SM T W T F S Time | | | | | |
| N T | #1 | (| Other C |) Desenity/ Porno | grap | ohy Viola | ation | Com | Mo | nth | Day Yr | | 'ime 4:02 Hrs | | h Da 15 | y Yr' | Time 14:02 Hrs. | |
| D | #2 Crime Incident □ Att Location of Incident □ Com 2001 Ridge Brook Ct, Winston | | | | | | | | | | | | | | | | Offense Tract 314 | |
| A T | #3 | Crime I | ncident | | | | | Com | | mise T | 0 | ĸ Ċŧ, | winston- | salem 1 | | | 314 lence Type | |
| А | | | | | | | | Com | | | | | | | | - | nily □ Multi Family | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes [No | X N/A | Weap | on / Tools | | |
| V I C | Z Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe L | | | | | | | | | | | | | | Loss of Teeth Drug/Alcohol Use: .acerations □ Yes □ Unknown Other Major ☑ No □N/A | | | |
| | | Victim/ | Business | Name (Last, First, | Mide | dle) | | | | | Victim of Crime # | | B / Age | Race | Sex R | elationshi o Offende | p Resident Status | |
| T I | V1 DATA OMITTED | | | | | | | | | | | | | | | 5 Offende | Non-Residen | |
| M · | Hom | e Addre | ess | | | | | | | | 1, | | | | Home | Phone | Unknown | |
| | Emal | over N | ame/Add | **** | | | ATA OMI | | | | | | | | | | | |
| | • | - | | less | D | ATA OMI | ΓTED | | | | | | Business Phone | | | | | |
| | VYR | M | ake | Model | St | tyle | Color | Li | c/Lis | | | | Vin | | | | | |
| T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | |
| Status Codes | | | | R = Recovered if recovered for oth | | | Z = Seized | B = Bur | ned | $\mathbf{C} = \mathbf{C}\mathbf{c}$ | ounterfeit / F | orged | F = Foun | d | | | | |
| - - - - - | Victim # DCI Status Value OJ | | | | | QTY | | Property Description | | | | Make | /Mode | 1 5 | Serial Number | | | |
| | | | | | | | | | | | | | | D | ATA OMITTED | | | |
| | | | | | | | | | | | | | | | |] | FOR NFORMATION | |
| | | | | | | | | | | | | | | | | | SECURITY | |
| O P | | | | | | | | | | | | | | | | | PURPOSES | |
| Е - | | | | | | | | | | | | | | | | 0 | NLY THE FIRST | |
| R T | | | | | | | | | | | | | | | | | LVE PROPERTY | |
| Y | | | | | | | | | | | | | | | | | ITEMS ARE | |
| - | | | | | | | | | | | | | | | |] | DISPLAYED ON | |
| - | | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | Numt | ber of V | ehicles S | Stolen 0 | Nu | mber Vehi | cles Recovered | d 0 | | | | | 1 | | | | | |
| Officer ID# Officer Signature Supervise OLIV | | | | | | | | | | | Supervisor | Signatu | re (152 | 50) | | | | |
| ID | | | ARY, J. Signatur | | | | Case Status | | | | | | | O, Č. D. (15359) | | | | |
| Status | - | | | | | | ☐ Further ☐ Inact ☐ Closed | ive /Cleared | | tod | Unfoun Cleared Cleared | by Ai by Ai | rest by And | Refuse | ency | perate | tradition Declined Page 1 | |
| | | | | | | | | LEAUS EX | maus | icu | | n one | 11001 | 1 I I USECI | auon D | unneu | rager | |