I N	Agenc	WIN] IN	INCIDENT/INVESTIGATION							OCA 2413310								
C ·	ORI	NG			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10		NC 034		Att At Found SMTHTFS Month Day Yr Time							THE SI	04 17 2024 09:40 Hrs.						
N T	#1 Crime Incident(s) #1 Traffic Accident-pp Or Pva									Month 04				t Known Secure SMTWTFS th Day Yr Time 4 17 2024 09:40 Hrs.					
D .	#2	Crime I	ncident	i aggre Heeraenii j	ЭР О	7 1 70			Com Att	Location			1 09	9:40 Hrs	31 04		2024	Offense Tract	
A		· · ·						_	Com				e Rd,	Winston-	-salem			321	
T A	#3	rime I	ncident						Att Com	Premise '	1 ype	:					Victim Resid	ence Type iily ∏Multi Family	
МО			d or Com											Forcible Yes	N/A	We	apon / Tools		
	DATA OMITTED															ls /	1 1 1 1 7 7		
	# of Victims Type																		
V	0		☐ Rel	igious 🔲 L.E. Off	icer I	Line of Du			know	. –		rnal 🔲			Other		or D		
I C		Victim/	Business	Name (Last, First,	Victim of DOB Crime #					3 / Age	Race	Sex	Relationship To Offender						
T I	V1		DA	ΓA OMITTED											☐ Non-Resident				
М -	Home Address									DEED.					Home Phone Unknown				
	Employer Name/Address DATA OMI DATA OMI															Business Phone			
	VYR	ake	Color	A OMITTED lor Lic/Lis						Vin									
	VIK	IVI	ake	Model	Sty	yie	Color		Lic	/Lis				VIII					
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed C = 0	Coun	iterfeit / F	orged	F = Foun	ıd				
	Victim # DCI Status Value OJ Q						Property Description								Mal	ce/Mo	odel S	erial Number	
- P - R														D	ATA OMITTED				
					\dashv												I	FOR NFORMATION	
					_													SECURITY	
O P -																		PURPOSES	
Р Е -					_													NI AZ WILLE END CIT.	
R T					\dashv													NLY THE FIRST LVE PROPERTY	
Y					\dashv												TWL	ITEMS ARE	
					-												I	DISPLAYED ON	
-																		P2C REPORTS	
-					\Box	\Box													
	Numb		ehicles S	tolen 0		nber Vehic	Cles Recovere		0				Т	Supervisor	Signat	ure			
ID	COX	K, S. P	. (1481	8)	Officer Sig							(0)	isor Signature						
	Complainant Signature Case Stat □ Furth																□ Ev	tradition Declined	
Status							☐ Inact	ive /Clea	ıred			Cleared Cleared	by Ar	Test □ Loc rest □ □ rest by Ander □	Refuse other Ag	gency	ooperate	Page 1	