I N	Agenc	y Name		VSTON-SALEN	1 P	OLICE	IN	INCIDENT/INVESTIGATION REPORT							OCA 2413387					
C	ORI	NG					1								Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034		│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │								04 17 2024 17:12 Hrs					Hrs. TFS		
N T	#1		ation Of Auto L	☐ Att At Found S M T M T F S Month Day Yr Time T F S Month Day Yr Time Month Day N T F S Month Day N T F S							Month Day Yr Time									
D	#2 Crime Incident																		Offense Tra	
A T	Crime Incident Com S151 Lansing Dr, Winston-salem N																05 Victim Re	ciden	224	
A	#3	Jime 1	neident					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family					
МО			d or Con MITTEI				Forcible 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 Unknown																			
V I		Victim/		Name (Last, First,			uty 🔲 Othe	er/Un	iknow	'n [ternal Victim of		scious [Other	<u> </u>		No Shin	□N/A Resident	
C T	V1 DATA OMITTED														114400	50.1	To Offer	ider	☐ Reside	ent
I M			DA	IA OMITTED															☐ Unkno	
171	Home Address DATA OMIT									ГТЕО						Home Phone				
	Employer Name/Address DATA OMI														Business Phone					
,	VYR	Color Lic/Lis Vin						Vin												
О																				
T H																				
E																				
R S																				
	DATA OMITTED																			
I N																				
V O																				
L V	Ĺ																			
E																				
D																				
C4-4	us L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																			
Status Codes	(Chec	k "OJ"	column	if recovered for othe	r jur	isdiction)	Z = Seized	В=	Бигп	ied C=	Cot	interieit / F	orgea	F = Foun	ıa					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mc	del		ial Numbe	
- - P - R _														DA	FOR	TED_				
																		IN	FORMAT	ION
																			SECURIT	
O P .					_														PURPOSE	ES
E ·					_													ON	LY THE F	TRST
R T					\dashv												TV		/E PROPE	
Y																			ITEMS AI	RE
					\Box														SPLAYED	
					_													P2	C REPOR	.13
_	Numb	er of V	ehicles S	tolen 0	Nur	nber Vehi	cles Recovere	d	0											
ID	Office:		. T. (16	ID 5206)	Officer Sig	Officer Signature Supervise STUA								or Signature MP, J. K. (14922)						
1D	Complainant Signature Case Stat									Case Disposition:						(1-		_		
Status					☐ Further	er Investigation Unfounded Located] Refuse	Extradition Declined use to Cooperate						
Juius					Closed	Closed/Cleared Cleared Death of Offender							other Ag	gency			Page			