I N C	Agenc	y Name		NSTON-SALE	1 P	OLICE] IN	INCIDENT/INVESTIGATION REPORT						OCA 2413487					
I	ORI	NC	NC 034	40200				KEFC	JKI					Reported Day Y		T W크 F S Time			
D E	10								I	At Found	Isla	ประเพา	∓ F S	04				Time 16:28 Hrs. TWIFS	
N	#1	Crime Incident(s) **Traffic Accident-pp Or Pva							M.	lonth	Day Yr	Т	'ıme			n Secure	Ti	.me	
T	"0 (Crima Insidant							□ Att Location of Incident						rs 04 18 2024 16:28 Hrs. Offense Tract				
D A	#2						Com 3155 Maplewood Av, Winston-salem							NC 2	27103	1	312		
T	#3 Crime Incident													Victim Residence Type					
A	□ Com														☐ Single Family ☐ Multi Family				
MO			d or Con MITTEI									Forcible Yes	X N/A	Wea	apon / Tool	S			
V	No															ol Hear			
	# 01 V	icuins	Type	☐ Person	_	Business	inancial Institu	ute		Injury	☐ None Broken Bone	_ □ M		_		_			
	0 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major																		
I	,	Victim/	Business	Name (Last, First,	Mido	dle)					Victim of		3 / Age	Race	Sex Relationship Resident Status				
C T	V1		$D\Delta'$	TA OMITTED							Crime #					To Offend		Resident Non-Resident	
I			DA	IA OMITTED														Unknown	
M	Home	Addre	ss		ATA OMI	ГТЕD							Home Phone						
•	Emple	me/Add	ress	ATA OMI	 IITTED							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	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	r jur	isdiction)	Z = Seized	В = В	urnea	C = C	ounterreit / F	orgea	F = Foun	ia					
P - R .	Victim #	DCI	Status	Value	Property Description							Mal	e/Mo	del	Serial	Number			
																I		OMITTED	
																		FOR	
					_													RMATION	
					_													CURITY	
O P .					_												PUI	RPOSES	
E ·					_													my ve eve am	
R.					_													THE FIRST	
T Y					_											TW		PROPERTY	
					_													MS ARE	
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					\dashv												r2C l	REPORTS	
-	Numb	er of V	ehicles S	Stolen 0	Nin	mber Vobi	cles Recovere	d 0					1						
	Office		emeies S	tolen 0		noer venic	Officer Sig					Т	Supervisor	Signat	ure				
ID		V. A. (1.			Signature Supervis (0)						J. Signature								
			Signatur				Case Status	s Case Disposition:											
Status							☐ Further ☐ Inact ☐ Closed ☐ X Closed	ive /Cleare	d		☐ Unfoun ☐ Cleared ☐ Cleared ☐ Death of	l by Ar l by Ar	rest by And	Refuse other Ag	gency	Declined		Page 1	