I N	Agenc	y Name		NSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION						OCA 2413702					
I C	ORI	NC	NC 034	10200			REPORT								Date / Time Reported S M T W T F S Month Day Yr Time			
D E			ncident(s				Att At Found SMTWTFS Month Day Yr Time							04 20 2024 05:17 Hrs. Last Known Secure S M T W T F S Month Day Yr Time				
N T	#1		`	Discharging F	irec	arm		_	Com	Month 04			Time 5:17 Hr			Day Yr	Time 05:16 Hrs.	
D.	#2	Crime I	ncident	0 0					Att Com	Location	of Incide	nt	•				Offense Tract	
A T		'rime I	ncident				Premise T	6 Brecknock Dr, Winston-salem NC 27103 e Type Victim Residen					323					
A	#3	JIIIIC I	nerdent						Att Com	1 Tellise 1	урс				- 1		ily □Multi Family	
МО			d or Com										Forcible Yes	[X]N/A		eapon / Tools		
	NO															Johol Use:		
	Society																	
V I		Jictim/		igious L.E. Off Name (Last, First,			ity 🔲 Othe	er/Un	know	n 🗆	Internal			Other				
C T	V1	v ictiii/			wiide	ne)		Victim of Crime # DOB / Age					љ/Age	Race	sex	To Offender	☐ Resident	
I	` -		DA	ΓA OMITTED					1,						☐ Non-Resident			
М -	Home Address DATA OMI								TTED						Home Phone			
	Employer Name/Address DATA (OMITTED						Business Phone			
	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis			Vin					
O																		
T H																		
E R	E R																	
S																		
I	DATA OMITTED																	
N V																		
O																		
L V																		
E D																		
Status	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																	
Codes	(Chec Victim		column	if recovered for other	r jur	isdiction)												
	# DCI Status Value OJ					QTY		Property Description				Mal	ke/Mo		erial Number ATA OMITTED			
P - R _					_												FOR	
																I.	NFORMATION	
																	SECURITY	
O P					_												PURPOSES	
E - R																O	NLY THE FIRST	
T .																	VE PROPERTY	
Y																	ITEMS ARE	
					\Box												ISPLAYED ON	
-					\dashv]	P2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nur	nber Vehic	cles Recovere	d	0									
ID	Office	r		ID				Officer Signature Supervisor Signature										
ID	HINES, K. J. (16247) Complainant Signature Case St													LLS, Š. S. (15941)				
64-4									Further Investigation Unfounded Located Extrac							radition Declined		
Status							Closed							gency	′ г	Page 1		