I N	Agenc	y Name		STON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2413709					
C ·	ORI	NC				02102		REPORT							Date / Time Reported SMTWTFS				
D E	NC NC 0340200 Crime Incident(s)									Att At Found SMTWTFS Month Day Yr Time						04 20 2024 08:29 Hrs. Last Known Secure S M T W T F S Month Day Yr Time			
N T	#1			, Trespassi	ng			_	Com	Month 04	D			Time 3:29 Hrs				Time $08:28$ Hrs.	
D.	#2	Crime I	ncident							Location	n of	Incident						Offense Tract	
A T	Crime Incident Com 300 Penner St, Winston-salem N																Victim Resider	124	
A	#3	Jime i	nerdent						Com						☐ Single Family ☐ Multi Family				
МО			d or Com											Forcible Yes	X N/A	We	apon / Tools		
																Icohol Use			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I		Viotino/		igious L.E. Off			ity 🔲 Othe	er/Un	know	n _		ternal Victim of		nscious	Other	Majo		□N/A Resident Status	
C T	V1	v ictiiii/			WHU	iie)			Crime #				DOI	OB / Age Race 71		Sex	Relationship To Offender		
I	11		DA	ΓA OMITTED					1,			W	M		☐ Non-Resident ☐ Unknown				
М -	Home	Addre	ess		TTED							Home Phone							
•	Employer Name/Address DATA ON														Business Phone				
	VYR	M	Color Lic/Lis Vin						Vin										
O																			
T H																			
E																			
R S																			
_							DATA	A C	M	ITTF	ΞΓ)							
I N	DATA OMITTED																		
V O																			
L V	L																		
E																			
D																			
C4-4	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Status Codes	(Chec	k "OJ"	column	f recovered for other	r jur	risdiction)	Z = Seizeu	Б=	- Durn	ied C=	Cot	interient / r	orgeu	r = round	1				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo		rial Number	
- P - R _		 											DA	TA OMITTED FOR					
																	IN	FORMATION	
																		SECURITY	
O P -																		PURPOSES	
E -																	ON	ILY THE FIRST	
R T																		VE PROPERTY	
Y																		ITEMS ARE	
-																		ISPLAYED ON	
-																	Р	2C REPORTS	
	Numb	er of V	ehicles S	tolen 0	Nui	mber Vehi	cles Recovere	d	0										
ID	Office TAY	r LOR	J. C. C	ID (6205)	Officer Sig	Officer Signature Supervisor Signature HORSLEY, S. A. (14880)													
11/	TAYLOR, J. C. (16205) Complainant Signature Case Sta								Case Disposition:							11.			
Status							☐ Further Investigation ☐ Unfounded ☐ Located ☐ Inactive ☐ Cleared by Arrest ☐ Refuse to							e to C	ooperate	adition Declined			
								☐ Closed/Cleared ☐ Cleared by Arrest						rest by Ano	st by Another Agency				