							-						-				
I N	Agenc	y Name		STON-SALE	M P	OLICE	INCIDENT/INVESTIGATION REPORT							OCA 2413777 Date / Time Reported SMTWTFS Month Day Yr Time			
C · I	ORI					02102											
D		NC	NC 034	40200										04	20		24  20:48 Hrs.
E N		Crime I	ncident(s	·				🗆 Att	At F Mon	ound	Day Yr	TW	T F <u>s</u> ime	Last K Month	nown So 1 Day	ecure Yr	SMTWTF <sub>-</sub> S Time
T .	#1			ity/county Ord	- Na	oise Rela	ted	X Com	04		20   2024		48 Hrs				20:47  Hrs.
D	$ \begin{array}{c c} & \pm 2 \end{array} \begin{array}{c} \text{Crime Incident} \\ & \Box \end{array} \begin{array}{c} \text{Crime Incident} \\ & \Box \end{array} \begin{array}{c} \text{Com} \\ & 1005 \ Long \ Dr, \ Winston-salem \end{array} $														06		Offense Tract
A T		Trime I	ncident					Com		ise Ty	0	instor	<i>i-salem</i> 1	VC 271		im Resid	113 ence Type
A	#3		lieldelle					$\Box$ Com			)P°						nily □Multi Family
	How A	Attacke	d or Con	mitted									Forcible		Weapoi	n / Tools	· <u> </u>
МО	D.	ATA O	MITTEI	)									□ Yes [ □ No	X N/A			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:	
	1		🛛 🖾 So	ciety 🔲 Governn	nent	$\Box$ F	inancial Institu			_	Broken Bone		□ Severe				es □Unknown
V I		Victim		ligious 🔲 L.E. Of			ity 🗌 Othe	er/Unknov	vn		nternal			Other M	-		
Ċ																ationshi Offende	
T I	V1		DA	FA OMITTED							1,						Non-Residen
M·	Home	Addre	ss								-,				Home P	hone	Unknown
					D.	ГТЕD	ED										
	Emplo	oyer Na	ume/Add	ress		D.	ATA OMI	ITTED						Business Phone			
	VYR	M	ake	Model	S	tyle	Color	Li	c/Lis				Vin				
H E R S I N V O L V E D	DATA OMITTED																
Status	L = L	ost S	= Stolen	R = Recovered	D_=	Damaged	Z = Seized	B = Bur	ned C	C = Co	ounterfeit / F	orged	F = Foun	d			
Codes	(Chec Victim	k "OJ"	column	if recovered for oth	er ju	risdiction)											
-	#							Property Description						Make	/Model		Serial Number
																D	FOR
																I	NFORMATION
P- R																	SECURITY
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Р <sup>-</sup> Е -																	
R																	NLY THE FIRST
T Y ·																TWE	LVE PROPERTY
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-	Numb	er of V	ehicles S	tolen 0	Nu	mber Vehi	cles Recovere	d 0					I				
ID	Office		TEDI		D#		Officer Sig	nature					Supervisor	Signatur	e / / / 1	56211	
ID			<i>ER</i> , <i>J</i> . Signatur	<u>R. (16219)</u> e			Case Status	8		<b>—</b>	Case Dispos	ition:	ŴILLIA	<i>чиз, К</i>	. A. (1	3031)	
Status	<b>-</b> P		Gatur				Further	□ Further Investigation □ Unfounded □ Lo						□ Refuse to Cooperate			
							$\square$ Closed		hauste	d	$\square$ Death of			Prosecu		clined	Page 1