| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | | CIDENT/INVESTIGATION | | | | | OCA 2413838 | | | |
|--|---|--|--------------------|-------------------------|-----------------|-------------------|-------------------------------------|----------------------------|--|----------------------|-------------------------|-------------|--|--------------------------------|--------------------------------------|----------------|-------------------------------|--|
| C I | ORI | NG | | | | | 1 | REPORT | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | ☐ Att At Found ☑ M T W T F S Month Day Yr Time | | | | | | Day 1 | | | |
| N T | #1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ing & Entering | With | nout For | ce | ı — | Com | Month 04 | | | Time 9:42 Hrs | | | Day Yr 🗀 | Time $09:41$ Hrs. | |
| D | #2 | Crime I | ncident | | | | | | - | Location | | | 9.42 | 7 04 | | · | Offense Tract | |
| A | | 7 T | : 1 4 | | | | | _ | ☐ Com 1920 Darwick Rd, Winston-sale | | | | | em NC | NC 27127 314 Victim Residence Type | | | |
| T A | #3 | Jillie I | ncident | | | | | ☐ Att Premise Type ☐ Com | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Com MITTEI | | | | | Forcible ☐ Yes ☐ No | | | | | ☐ Yes [| Weapon / Tools | | | | |
| | # of V | ictims | Type | □ Person | □ B | Business | | | | Injury | X No | one 🗆 l | | Loss | f Tee | th Drug/A | lcohol Use: | |
| V | I Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major No NA | | | | | | | | | | | | | | | _ | | |
| I | Victim/Business Name (Last, First, Middle) Victin | | | | | | | | | | | | B / Age | - | | Relationship | Resident Status | |
| C T | V1 DATA OMITTED | | | | | | | | | | Crime | # | 77 | | | To Offender | □ Resident □ Non-Resident | |
| I M | | | | | | | | | 1, | | | W | M | 1AQ | Unknown | | | |
| | Home Address DATA OMIT | | | | | | | | | ГТЕD | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMI | | | | | | | | ГТЕО | | | | | Business Phone | | | | |
| , | VYR | M | ake | Model | Sty | yle | Color | | Lic | c/Lis | | | Vin | | | | | |
| O T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column | R = Recovered for other | D = I r juri | Damaged sdiction) | Z = Seized | B = | Burn | C = C | Counterfe | it / Forgeo | l F = Foun | d | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | Mal | ce/Mo | del Se | rial Number | |
| - - P - R | | | | | | | | | | | | | DA | TA OMITTED | | | | |
| | | | | | \dashv | | | | | | | | | | | IN | FOR FORMATION | |
| | | | | | | | | | | | | | | | | | SECURITY | |
| O P - | | | | | | | | | | | | | | | | | PURPOSES | |
| E · | | | | | _ | | | | | | | | | | | 01 | ILY THE FIRST | |
| R T | | | | | \dashv | | | | | | | | | | | | VE PROPERTY | |
| Y · | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | D | SPLAYED ON | |
| | | | | | | | | | | | | | | | | P | 2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Num | her Vebi | cles Recovere | d | 0 | | | | | | | | | |
| | Office | r | | ID | | IOCI V CIIIC | Officer Sig | | - | | | | Supervisor | | | | | |
| ID | SMITH, M. F. (15992) | | | | | | | | | П | Cost D' | amaaiti - | <i>LEACH</i> | | | 5710) | | |
| Status | Comp | iainant | o ignatur | ė. | | | Case Status Further Inact Closed | r Inve ive /Clea | ıred | | □ Uni □ Cle □ Cle | | Locarrest Locarrest Locarrest Locarrest Locarrest Locarrest by And | Refus | gency | ooperate | Page 1 | |
| | | | | | | | ☐ Closed | /L.eac | is Ext | nansted 1 | Des | irn of Off | ender 🗆 | 1 Prose | cutton | Declined | rage I | |