I N	Agenc	y Name	e WIM	. IN	INCIDENT/INVESTIGATION							OCA 2413960							
C ·	ORI	NC			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10		NC 034			Att At Found SMTWIFS Month Day Yr Time							IF S	Day II Time O4 20 2024 10:18 Hrs. Last Known Secure SMTHTFS Month Day Yr Time					
N T	#1	Jimic I	nerdeni(s	, Larceny- All	Oth	er		_	Com	Month 04	Γ			ime :15 Hrs				Time 12:00 Hrs.	
D.	#2	Crime I	ncident						\rightarrow			Incident	7 10	7.13	7 04		2024	Offense Tract	
A		7 T	! 4 4					_	Com				Dr,	Winston-	salem			322	
T A	#3	Jillie I	ncident						Com	Premise	тур	pe					Victim Resid	ence Type ily	
МО			d or Com						•					Forcible Yes	X N/A	We	apon / Tools		
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerat																tions Yes Unknown		
V I		Viotim		igious L.E. Off			uty Othe	er/Un	know	n _		ternal Vistim of			Other	<u> </u>			
Ċ	V1	v ictiiii/			ne)			Victim of Crime # DOB / Age				Race	Sex	Relationship To Offender	Resident				
T I	* 1		DA	ΓA OMITTED					1,						☐ Non-Resident				
М -	Home Address DATA OMI'									PTED						Home Phone			
	Employer Name/Address DATA OMI															Business Phone			
	VYR	M	Color Lic/Lis Vin						Vin										
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = I er juri	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	unterfeit / F	orged	F = Foun	d				
	Victim #	DCI	Status	Value		Property Description							Mak	ake/Model Serial Number					
	1	<i>78</i>		UTILITY TRAILER								CARR		D	ATA OMITTED				
P -					_												T	FOR NFORMATION	
																	1	SECURITY	
R O																		PURPOSES	
Р ⁻ Е -																			
R																		NLY THE FIRST	
Т Ү -					_												TWE	LVE PROPERTY	
٠.					_												Т	ITEMS ARE DISPLAYED ON	
-					-													P2C REPORTS	
-																			
			ehicles S	-		nber Vehi	cles Recovere		0										
ID	Office ALL		. E. (15	ID (310)		Officer Sig	Officer Signature Supervisor Signature MULLINS, B. H. (15079)												
11/	ALLEN, S. E. (15310) Complainant Signature Case Sta									Case Disposition:									
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ıred				by Ai	Test by Ander] Refuse other Ag	gency	Cooperate	Page 1	