I N	Agenc	y Name		NSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2413981							
C I	ORI	NC					1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10	NC .	10200			Λ++ I	At Foun	nd	I SI-M	l Tl W	TI FI SI	04		22 20	024	Time 10:36 Hr: M T W T F					
N T	#1	71111C 11		, raffic Accident- _i	pp C	or Pva		ı —	Com	Month 04	Da			T F S Time D:36 Hrs			vn Secure Day Yr 22 202	· —	Time 10:36 Hr		
D	#2	Crime I	ncident	, -,,,, ,			-	Location			F 10		7 04		22 202		ffense Tract	<u> </u>			
A		7 T						_	☐ Com 301 Medical Center Bv, Winster							v-salem NC 27103 312					
T A	#3	Jillie I	ncident						Com	Premise	1 ype	e .							e Type □Multi Fami	ily	
МО			d or Com				!					Forcible Yes	X N/A	We	eapon / Too	ols					
	No No															of Teeth Drug/Alcohol Use:					
	□ Society □ Government □ Financial Institute □ Broken Bones □ Severe Lacerations □ Yes □ Unkn																n				
V	0			igious 🔲 L.E. Off			ity 🔲 Othe	er/Un	know	n 🗆		ernal 🔲		scious [Other	Majo	or _	No No	□ □N/A		
I C		√ictim/	Business	Name (Last, First,	Victim of OOE Crime #					3 / Age				Resident Statu	1S						
T I	V1		DA	ΓA OMITTED												☐ Non-Reside	.ent				
M	Home Address DATA OMI															Home Phone					
	Employer Name/Address DATA OMI														Business Phone					-	
,	VYR							Vin						\dashv							
																				\dashv	
O T H E R S I N V O L V E D	DATA OMITTED S L=Lost S=Stolen R=Recovered D=Damaged Z=Seized B=Burned C=Counterfeit/Forged F=Found																				
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered f recovered for other	D = l r juri	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = 0$	Coun	nterfeit / F	orged	F = Foun	.d						
	Victim # DCI Status Value OJ					QTY		Property Description					Mak				al Number				
P - R - O													DAT	A OMITTED	<u>'</u>						
					_													INF	FOR ORMATION	_	
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R T Y					_														Y THE FIRST	—I	
					_														E PROPERTY TEMS ARE	<u> </u>	
-					\dashv	+													PLAYED ON	<u>_</u>	
					_														C REPORTS	_	
			ehicles S			nber Vehic	cles Recovere		0												
ID	Office:		E, J. P.	ID (16289)	Officer Sig	natur	re					Supervisor (0)	or Signature								
	Complainant Signature Case Stat																				
Status	-					☐ Inact	Further Investigation						rest by And	Refuse to Cooperate							