I N	Agenc	y Name	e WIN] IN	INCIDENT/INVESTIGATION							OCA 2414143								
C I	ORI	NC				1	REPORT							Date / Time Reported SMIWTFS Month Day Yr Time						
D E	NC NC 0340200 Crime Incident(s)								│							04 23 2024 14:48 Hrs.				
N T	#1 Hit & Run Accident-pp Or Pva									Att At Found S M = W T F S Month Day Yr Time T F S W T							Month Day Yr Time			
D	#2	Crime I	ncident		·				_	Location			r 14	.40	7 04			Offense Tract		
A		7 T	: 1					_	Com				ston-	salem N O	2710		Wi-4i Di-I-	321		
T A	#3	Jillie I	ncident						Att Com	Premise '	туре	;					Victim Reside	ice Type ly ∏Multi Family		
МО			d or Com										Forcible Yes	Weapon / Tools						
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:				
3.7	0 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major No N/A															_				
V I		Victim/		Name (Last, First,			пту 🔲 Оппе	21/ ()11	ikilow	¹¹ _		rnal rictim of		S / Age	Race	<u> </u>		□N/A Resident Status		
C T	V1			ΓA OMITTED	Crime #					- 7 8 -		~	To Offender	☐ Resident						
I M			DA.	IA OMITIED											☐ Non-Resident☐ Unknown					
IVI ·	Home Address DATA OMI								TTED							Home Phone				
,	Employer Name/Address DATA ON								 ITTED							Business Phone				
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Status Codes																				
Coucs	Victim			Property Description								Mal	ce/Mo	dal Ca	rial Number					
,	#	# DCI Status Value OJ QTY						Property Description							Mai	ce/IVIC		TA OMITTED		
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			ehicles S			nber Vehi	cles Recovere		0											
ID	Office: JAM		ON. B. 7	ID M. (15386)	Officer Sig	Officer Signature Superv (0)							sor Signature							
11/	JAMERSON, B. M. (15386) Complainant Signature Case Sta																			
Status					☐ Further	r Investigation Unfounded I						rest Loc	ocated Extradition Declined Refuse to Cooperate							
Janus							Closed	osed/Cleared Cleared by Ar					Arrest by Another Agency							