| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | | ICIDENT/INVESTIGATION | | | | | | OCA 2414144 | | | |
|-----------------|--|------------|-----------|------------------|-----------|----------------------|---------------|-------|---|--|---|--------------|--------|-----------------------------|---------------------|----------------------------|-------------------------------|------------------------------|--|
| C | ORI | NG | | | REPORT | | | | | | Date / Time Reported SM WTFS Month Day Yr Time | | | | | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | | LD A# L At Found . L S M 과 제 파 코 인 | | | | | | 04 23 2024 13:43 Hrs. | | | |
| N T | #1 Forgery- Using/uttering | | | | | | | | | ☐ Att At Found S M = W T F S Last Known Sec Month Day Yr Time Last Known Sec Month Day | | | | | | | | Time $13:42$ Hrs. | |
| D . | #2 | Crime I | ncident | 1018019 001118 | , , , , , | | | _ | Att | 04 Location | | Incident | + 1. | 0.43 1113 | 1 04 | | | Offense Tract | |
| A | | ~ · · | | | | | | _ | Com 3306 Healy Dr, Winston-salem NC 271 | | | | | | | | | 322 T | |
| T A | #3 | rime i | ncident | | | | | | Att Com | Premise | туţ | pe | | | | - 1 | Victim Resider Single Fami | nce Type ly ∏Multi Family | |
| МО | | | d or Com | | | | | | | | | Forcible Yes | X N/A | We | apon / Tools | | | | |
| | # of Victims Type No | | | | | | | | | | | | | | | lcohol Use: | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations | | | | | | | | | | | | | | | s Unknown | | | |
| V I | | Viotina | | igious L.E. Of | | | uty 🔲 Othe | er/Ur | nknow | n _ | | | | iscious [| Other | Majo | | □N/A Resident Status | |
| C T | V1 | v ictiiii/ | | | | | | | Victim of Crime # | DOI | 3 / Age 61 | Race | Sex | Relationship To Offender | ☐ Resident | | | | |
| I | DATA OMITTED | | | | | | | | | | | 1, | | | W | M | | Non-Resident □ Unknown | |
| М | Home Address DATA OMIT | | | | | | | | | TTED | | | | | | Home Phone | | | |
| , | Employer Name/Address DATA OMI | | | | | | | | | | | | | | Business Phone | | | | |
| | VYR | ake | Color | olor Lic/Lis Vin | | | | | | Vin | | | | | | | | | |
| | | | | 1 | | | | | | | | | | | | | | | |
| О | | | | | | | | | | | | | | | | | | | |
| T H | | | | | | | | | | | | | | | | | | | |
| E R S | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| I N | | | | | | | | • | J 1 1 1 | | | | | | | | | | |
| V | v | | | | | | | | | | | | | | | | | | |
| O L | | | | | | | | | | | | | | | | | | | |
| V E | | | | | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | |
| | Victim # | DCI | Status | Value | | Property Description | | | | | | | Mal | Make/Model Serial Number | | | | | |
| | 1 21 5,6 1 CHEC | | | | | | | | | | | | | | FIDILI | | DA | TA OMITTED | |
| P - | 1 | 21 | 6 | | _ | 1 | СНЕСК | | | | | | | 1 | FIDILI | TY | IN | FOR FORMATION | |
| | | | | | \dashv | | | | | | | | | | | | | SECURITY | |
| R O | | | | | \neg | | | | | | | | | | | | | PURPOSES | |
| P : | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | LY THE FIRST | |
| Т Ү. | | | | | _ | | | | | | | | | | | | | VE PROPERTY | |
| ٠. | | | | | \dashv | | | | | | | | | | | | | ITEMS ARE ISPLAYED ON | |
| | | | | | \dashv | | | | | | | | | + | | | | 2C REPORTS | |
| - | | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | | | nber Vehi | cles Recovere | | 0 | | | | - | C | C: : | | | | |
| ID | Office RUI | | A. (158 | id 169) | | Officer Sig | natu | re | | | Supervisor S DAY, T. | | | | ure 1 <i>547</i> | (8) | | | |
| | Complainant Signature Case Stat | | | | | | | | | tion | | Case Dispos | | | ated | | D Eve | adition Dadinad | |
| Status | IX Inc | | | | | | | | | | | | | | | e to C | ooperate | adition Declined | |
| | Closed/Leads Exhausted | | | | | | | | | | | | | | | | | Page 1 | |