| I N | Agenc | y Name | | NSTON-SALEN | CIE | CIDENT/INVESTIGATION | | | | | | OCA 2414382 | | | | | | | | |
|--|--|---------|--------------------|--------------------------------------|---------------|----------------------|---------------|----------------------|---|------------------|---------|--------------|------------|---|--|-----------------------------------|---|--------|------------------------------|--|
| C · | ORI | NG | | | | - | | REPORT | | | | | | Date / Time Reported SMTWIFS Month Day Yr Time | | | | | | |
| D E | 10 | | NC 034 | | | l — | A 44 I | At Found | d | Islv | ת דו דו | 미미미 | 04 | | 25 | 2024 | Time 09:54 Hrs. M T \underset T F S | | | |
| N | #1 | Jime I | | ning Money By | Fal | se Prete | n se | ı — | Att Com | Month | Da | | | TFS | | | vn Secur Day | Yr — | Time | |
| Т. | #2 | Crime I | ncident | ung Money Dy | I an | 56 1 7616 | rise | | - | 04 Location | | | # 13 | 5:55 Hrs | 5 <u>04</u> | | 24 2 | | 13:50 Hrs. Offense Tract | |
| D A | ☐ Com 4985 University Pw, Winston-salem | | | | | | | | | | | | | | | | | | 121 | |
| T A | #3 | Crime I | ncident | | | | | | Att | Premise 7 | Тур | e | | | | - 1 | Victim R | | * * | |
| | How A | Attacke | d or Com | nmitted | | | | <u> </u> | Com Forcible | | | | | Forcible | ☐ Single Family ☐ Multi Family Weapon / Tools | | | | | |
| МО | DATA OMITTED See No. 1 See No. 2 See | | | | | | | | | | | | | | | A | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | cohol Use: | | | | |
| 3.7 | 1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No NA | | | | | | | | | | | | | | | _ | | | | |
| V I | | Victim/ | | Name (Last, First, | | | uty 🔲 Out | 21/ ()11 | IKIIOW | ''' <u> </u> | | Victim of | | B / Age | - | Sex Relationship Resident Status | | | | |
| C T | V1 DATA OMITTED | | | | | | | | | | | | | | | | To Offe | ender | □ Resident □ Non-Residen | |
| I M · | | | | IA OMITTED | | | | | | | | 1, | | | | | | | ☐ Unknown | |
| 141 | Home | Addre | ess | | ГТЕ | ГТЕО | | | | | | | Home Phone | | | | | | | |
| | Employer Name/Address DATA OMI' | | | | | | | | | | | | | | | Business Phone | | | | |
| | VYR Make Model Style Color | | | | | | | | Lic/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 if recovered for other | D = er jui | Damaged isdiction) | Z = Seized | B = | Burn | C = C | Cour | nterfeit / F | orged | F = Foun | ıd | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | | Property Description | | | | | | | Mak | ake/Model Serial Number | | | | |
| - P - | 1 77 7 1 MONETA | | | | | | | RY LOSS | | | | | | | | DATA OMITTED | | | | |
| | | | | | | | | | | | | | | | | | | INI | FOR FORMATION | |
| | | | | | | | | | | | | | | | | | | | SECURITY | |
| R O | | | | | | | | | | | | | | | | | | | PURPOSES | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | | LY THE FIRST | |
| Т Ү - | | | | | | | | | | | | | | | | | T | | /E PROPERTY | |
| 1 | | | | | | | | | | | | | | | | | | | SPLAYED ON | |
| - | | | | | | | | | | | | | | | | | | | C REPORTS | |
| - | | | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | - | | mber Vehi | cles Recovere | | 0 | | | | | C ' | G: | | | | | |
| ID | Officer ID# Office ALLEN, S. E. (15310) | | | | | | | | $\begin{array}{c} \text{ Ifficer Signature } & \text{ Supervis} \\ & BOG \end{array}$ | | | | | | | or Signature ER, J. C. (14943) | | | | |
| | | | Signatur | | | Case Status | | Case Disposition: | | | | | | | - F : | . digi P = 11 - 1 | | | | |
| Status | | | | | | | | tive /Clea | ared | | | | by Ai | Loc rest rest by Ander |] Refuse other Ag | gency | Cooperate | ē — | Page 1 | |