I N	Agenc	y Name		STON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2481432						
C	ORI	NC	NC 034				1	REPORT								Date / Time Reported S 씨크 W T F S Month Day Yr Time			
D E			ncident(s			☐ Att At Found							Day 17 Time 04 23 2024 17.48 Hrs. Last Known Secure SMIWTFS Month Day Yr Time						
N T	#1			Trespassi	ı —	Month Day Yr Time Month Day Yr Time Month Day Yr Time Month Day Yr Time 23 Com 04 23 2024 12:30 Hrs 04 23 2024 12:30													
D	#2	Crime I	ncident		ı —	☐ Att Location of Incident Offense Tract ☐ Com 6030 Shaw Hills Ct, Winston-salem NC 27107 214													
A T	#3	Crime I	ncident						emise Type				uem r	Victim Residence Type					
A									Com							_		ly ∏Multi Family	
МО			d or Com MITTED										Forcible Yes No	X N/A	We	apon / Tools			
V	# of V	ictims	Type	▼ Person	_	Business				Injury	•	None		linor	Loss o	f Tee		lcohol Use:	
	2 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major															_			
I C		Victim/		Name (Last, First,	Victim of DC						3 / Age	Race		Relationship	Resident Status				
T I	V1 DATA OMITTED										'	Crime #		60	117	,	To Offender	Resident ☐ Non-Resident	
M	Home	Addre	\$5						1			W	Hon	RU ne Phone	Unknown				
				ATA OMI	TTED														
	Employer Name/Address DATA (MITTED						Business Phone				
1	VYR	M	ake	Model	Sty	yle	Color		Lic	c/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 i	R = Recovered frecovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	C = 0	Cou	interfeit / F	orged	F = Found	d 				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mo		erial Number	
- P - R _													DA	TA OMITTED FOR					
																	IN	FORMATION	
																		SECURITY	
O P .					_													PURPOSES	
E ·					+												ON	ILY THE FIRST	
T																	TWEL	VE PROPERTY	
Υ .																		ITEMS ARE	
					_													ISPLAYED ON	
-					-												P	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0										
ID	Office:		DER J	C (15741) ID	Officer Sig	Officer Signature Supervisor Signature ALEXANDER, J. C. (15741)													
ID	ALEXANDER, J. C. (15741) Complainant Signature Case Sta																		
Status							☐ Further ☐ Inact ☐X Closed ☐ Closed	ive /Clea	ıred				by Ai	rest by Ano	Refuse ther Ag	gency	ooperate	Page 1	