| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | | NCIDENT/INVESTIGATION | | | | | | OCA 2411418 | | | |
|---|--|----------|--------------------------|-------------------|----------------------|-----------|-----------------------------|--------------------------|------------|-----------------------|-----|------------------------------------|------------------------------|------------------------------|----------------------------|-------------|------------------------------|------------------------------|--|
| C I | ORI | | | | - | REPORT | | | | | | | Date / Time Reported SMIWTFS | | | | | | |
| D E | | | NC 034 | | | | | | | | | | | | 04 02 2024 13:58 Hrs. | | | | |
| N | #1 | Jillie I | neideni(s |) Vandalis | m | | | ן אדו | Att Com | At Foun Month | D | | | TFS Time | | | Day Yr 🖰 | Time | |
| T D | #2 | Crime I | ncident | ranaans | 111 | | | | - | 04 Location | _ | | 4 13 | 3:58 Hrs | 5 04 | | | 13:57 Hrs. Offense Tract | |
| A | | | | | | | | | Com | | | | Av, V | Vinston-s | alem Ì | | | 221 | |
| T A | #3 | Jrime I | ncident | | | | | | Att Com | Premise 7 | Тур | e | | | | | Victim Reside Single Fami | nce Type ly ∏Multi Family | |
| МО | | | d or Con | | | | | | | | | | | Forcible | | | | | |
| МО | D. | ATA O | MITTEL |) | | | | | | | | | | ☐ Yes ☐ No | X N/A | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Prug/Alcohol Use: Broken Bones Severe Lacerations Prug/Alcohol Use: Unknown Prug/Alcohol Use: Prug/Alcohol Us | | | | | | | | | | | | | | | | | | |
| V | 1 | | | igious 🔲 L.E. Off | | | | | know | | | ternal 🔲 | | | Lacerat Other | | . – | _ | |
| I C | Crime # | | | | | | | | | | | | | | Race | Sex | Relationship To Offender | Resident Status | |
| T I | VI DATA OMITTED | | | | | | | | | | | | | | | | 1RU | ☐ Non-Resident | |
| M | Home Address | | | | | | | | | | | 1, | | | | Hon | ne Phone | Unknown | |
| | Employer Name/Address DATA OMI | | | | | | | | | TTED | | | | | | | | | |
| | Emplo | oyer Na | ime/Addi | ATA OMI | ΓA OMITTED | | | | | | | Business Phone | | | | | | | |
| , | VYR | M | ake | Model | St | yle | Color | | Lic | /Lis | | | | Vin | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | |
| | Victim # | DCI | Status | Value | Property Description | | | | | | | Mak | e/Mo | odel So | erial Number | | | | |
| | 1 | 77 | | GRAFFITI | | | | | | | | | | DA | ATA OMITTED | | | | |
| - P - R | | | | | \dashv | | | | | | | | | | | | IN | FOR NFORMATION | |
| | | | | | _ | | | | | | | | | | | | 11 | SECURITY | |
| ο . | | | | | | | | | | | | | | | | | | PURPOSES | |
| P - | | | | | | | | | | | | | | | | | | | |
| R T | | | | | \dashv | | | | | | | | | | | | | VE PROPERTY | |
| Y · | | | | | \dashv | | | | | | | | | | | | TWE | ITEMS ARE | |
| • | | | | | | | | | | | | | | | | | D | ISPLAYED ON | |
| | | | | | \dashv | | | | | | | | | | | | I | 2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Nun | nber Vehi | cles Recovere | d | 0 | | | | | | | | | | |
| | Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | | | | | |
| ID | | | <i>L.</i> (158 Signature | | | | Case Statu | i C | | | | | | CAFF | FFEY, J. D. (15234) | | | | |
| Status | comp | | <u></u> | - | | | ☐ Further ☐ Closed ☐ Closed | r Inve tive I/Clea | red | | | ☐ Unfoun ☐ Cleared ☐ Cleared | ded by Ai by Ai | Loc rrest rrest by And |] Refuse other Ag | gency | ooperate | Page 1 | |