I N	Agency Name WINSTON-SALEM POLICE									CIDENT/INVESTIGATION						OCA 2423573			
C ·	ORI	NC	NC 034		REPORT						Date / Time Reported SMIWTFS Month Day Yr Time								
D E		rime I		l r v r	Att	At Fou	nd	SI	1 I W	TFS	07		02 202	Time 4 23:38 Hrs. SMIWTFS					
N T	#1			, aking & Enterin	g W	ith Fore	ce .	_	Com	Month 07	ı I			T F S Time 3:38 Hrs			n Secure Day Yr D2 2024	Time	
D.	#2	Crime I	ncident	-				_	Att	Locatio	n of	f Incident					72 2027	Offense Tract	
A T		Trimo I	ncident	Vandalis	m			_	☐ Att Premise Type						IC 27.	C 27127 313 Victim Residence Type			
A	#3	Jillie I	ncident			Com	Tremise	J I y	pe				- 1		ly □Multi Family				
МО			d or Com			 !					Forcible Yes No	X N/A	We	apon / Tools					
	# of V	ictims	Туре	∏ Person	П	Business				Inju	ry	X None	ПМ	_	Loss o	f Tee	th Drug/A	lcohol Use:	
	1 Society Government Financial Institute Broken Bones Severe Lacera Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other																		
V I		Victim		igious ☐ L.E. Of Name (Last, First,			uty Othe	er/Un	ıknow	n [<u> </u>	victim of		nscious B / Age	Other Race		r 🔯 N Relationship		
C T	V1								Crime #	DO	60	Rucc	Бел	To Offender	□ Resident				
I M		DA	ΓΑ OMITTED					1,2			$\mid W \mid$	F	1RU	☐ Non-Resident☐ Unknown					
IVI ·	Home Address DATA OMIT									TTED						Home Phone			
	Employer Name/Address DATA OMI															Business Phone			
	VYR	ake	Color							Vin									
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = i er jur	Damaged isdiction)	Z = Seized	B =	Burn	ied C=	: Coi	unterfeit / F	Forged	F = Found	d				
	Victim #	DCI	Property Description								Mal	ce/Mo	odel S	erial Number					
	1								OR .								Da	ATA OMITTED	
P - R																	11	FOR FORMATION	
				+													- 11	SECURITY	
0																		PURPOSES	
Р ⁻ Е -																			
R																		VE PROPERTY	
Т Ү -					_												TWEI	VE PROPERTY ITEMS ARE	
						+											D	ISPLAYED ON	
-																		P2C REPORTS	
_																			
			ehicles S			nber Vehi	Conficer Signature		<i>0</i>				-	Suparvise	Signat	ure			
ID	Officer ID# Office SHERMER, C. J. (16239)															r Signature FIN, B. K. (15429)			
	Comp	lainant	Signatur	e	Case Statu		ection	tion	(Case Dispos		□ Loc	ated		□ Ev	radition Declined			
Status							☐ Closed	tive /Clea	ared			☐ Cleared	by A	rrest by And	Refuse	gency	ooperate	Page 1	