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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2424416**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**07 | 09 | 2024 | 21:57 Hrs.**

#1 Crime Incident(s)  
**Vandalism**

Att  
 Com  
 At Found  
 Month Day Yr Time  
**07 | 09 | 2024 | 21:57 Hrs.**

Last Known Secure  
 Month Day Yr Time  
**07 | 09 | 2024 | 21:56 Hrs.**

#2 Crime Incident

Att  
 Com  
 Location of Incident  
**4388 Old Walkertown Rd, Winston-salem NC**

Offense Tract  
**122**

#3 Crime Incident

Att  
 Com  
 Premise Type

Victim Residence Type  
 Single Family  Multi Family

MO How Attacked or Committed  
**DATA OMITTED**

Forcible  
 Yes  N/A  
 No

Weapon / Tools

V  
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# of Victims  
**1**  
 Type  Person  Business  
 Society  Government  Financial Institute  
 Religious  L.E. Officer Line of Duty  Other/Unknown

Injury  None  Minor  Loss of Teeth  
 Broken Bones  Severe Lacerations  
 Internal  Unconscious  Other Major

Drug/Alcohol Use:  
 Yes  Unknown  
 No  N/A

Victim/Business Name (Last, First, Middle)  
**DATA OMITTED**

Victim of Crime #  
**1,**

DOB / Age

Race

Sex

Relationship To Offender  
 Resident  
 Non-Resident  
 Unknown

Home Address  
**DATA OMITTED**

Home Phone

Employer Name/Address  
**DATA OMITTED**

Business Phone

VYR Make Model Style Color Lic/Lis

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DATA OMITTED

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**Status Codes** L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found  
 (Check "OJ" column if recovered for other jurisdiction)

P  
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| Victim # | DCI       | Status   | Value | OJ | QTY      | Property Description | Make/Model | Serial Number          |
|----------|-----------|----------|-------|----|----------|----------------------|------------|------------------------|
| <b>1</b> | <b>77</b> | <b>4</b> |       |    | <b>1</b> | <b>GLASS</b>         |            | <b>DATA OMITTED</b>    |
|          |           |          |       |    |          |                      |            | <b>FOR</b>             |
|          |           |          |       |    |          |                      |            | <b>INFORMATION</b>     |
|          |           |          |       |    |          |                      |            | <b>SECURITY</b>        |
|          |           |          |       |    |          |                      |            | <b>PURPOSES</b>        |
|          |           |          |       |    |          |                      |            | <b>ONLY THE FIRST</b>  |
|          |           |          |       |    |          |                      |            | <b>TWELVE PROPERTY</b> |
|          |           |          |       |    |          |                      |            | <b>ITEMS ARE</b>       |
|          |           |          |       |    |          |                      |            | <b>DISPLAYED ON</b>    |
|          |           |          |       |    |          |                      |            | <b>P2C REPORTS</b>     |

Number of Vehicles Stolen **0** Number Vehicles Recovered **0**

|                                       |     |  |   |
|---------------------------------------|-----|--|---|
| Officer<br><b>MABE, J. A. (16209)</b> | ID# | Officer Signature  | Supervisor Signature<br><b>GEOGHEGAN, M. R. (16168)</b>   |
| Complainant Signature                 |     | Case Status<br><input type="checkbox"/> Further Investigation<br><input type="checkbox"/> Inactive<br><input type="checkbox"/> Closed/Cleared<br><input type="checkbox"/> Closed/Leads Exhausted | Case Disposition:<br><input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined<br><input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate<br><input type="checkbox"/> Cleared by Arrest by Another Agency<br><input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined |

**Status**