I N	Agenc	y Name		NSTON-SALEN	. IN	INCIDENT/INVESTIGATION							OCA 2424420						
C ·	ORI	NG					1	REPORT							Date / Time Reported SM WTFS Month Day Yr Time				
D E	10		NC 034			Att At Found SMTWTFS Month Day Yr Time						07   09   2024   21:55 Hrs.   Last Known Secure   S M = W T F S   Month Day Yr   Time   S M = W T S   M = W T S							
N T	#1	Jimic I	nerdent(s	, Vandalis	m.			_	Com	Month 07	Γ			lime 1:55  Hrs			0ay Yr 1999   2024	Time	
D .	#2	Crime I	ncident	, contactitis							-	Incident	<i>†</i>   <i>Z</i> 1		<u>, 07</u>	(		Offense Tract	
Α .	Com 4300 Old Rural Hall Rd, Winston																	122	
T A	#3	rime i	ncident						Att Com	Premise	ТУĮ	pe				- 1	Victim Reside Single Fami	nce 1ype ly ∏Multi Family	
МО			d or Con						Forcible ☐ Yes				Weapon / Tools						
WIO	□ No																		
V	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:																		
	1 ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ N/A															_			
I C	Crime #													3 / Age 50	Race	Sex	Relationship To Offender	Resident Status Resident	
T I	V1		DA	TA OMITTED					<i>1</i> ,		30	W	M	1RU	☐ Non-Resident				
M ·	Home Address																ne Phone	Unknown	
	Employer Name/Address DATA OMI									TTED						D : N			
			ime/Addi		ATA OMI	ITTED							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 #		Status	Value		Property Description								ce/Mo	odel Se	erial Number			
	1	77	WINDOW											TA OMITTED					
P -					_												TN	FOR	
					_									+			IN	SECURITY	
R O					$\dashv$													PURPOSES	
Р <sup>-</sup> Е -																			
R					_													ILY THE FIRST	
Т Ү					$\dashv$									+			I WEL	VE PROPERTY ITEMS ARE	
-					$\dashv$												D	ISPLAYED ON	
-					_												F	2C REPORTS	
-					$\square$														
	Numb		ehicles S	-		nber Vehi	Cles Recovere		<i>0</i>				ı	Supervisor	Signat	ure			
ID	MAI	3E, J.	A. (162	209)	ID#									Supervisor Signature GEOGHEGAN, M. R. (16168)					
	Comp	lainant	Signatur	e			Case Statu							□ Loc	Located				
Status							☐ Inact	tive /Clea	ıred			☐ Cleared	by A	rrest by And	Refuse ther Ag	gency	ooperate	Page 1	