| I N | Agenc | y Nam | | NSTON-SALE | OLICE | , IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2425402 | | | | | |
|--|---|-------------------|--------------------|------------------------------------|----------------|------------|------------------------------------|------------------------------------|-------|----------|-------|------------------|---|--|--|-------------|--------------------------|-----------------------------|--|
| C · | ORI | NG | | | | REPORT | | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | 10 | | NC 034 | | Att At Found | | | | | | | | Day 11 Time O7 17 2024 10:22 Hrs. Last Known Secure S M T M T F S Month Day Yr Time | | | | | | |
| N T | #1 | | |) 1g Threats -intii | nida | ation. No | on Physical | | Com | Month 07 | | | | lime 1:22 Hrs | | | ay Yr | Time $10:21$ Hrs. | |
| D . | | | ncident | 18 1111 00115 111111 | ricic | | on I hystocat | | - | Location | | | <i>†</i> <i>1</i> (| 7.22 1113 | 1 07 | 1 | | Offense Tract | |
| A | | ~ | | iking & Enterin | g W | ith Ford | e e | Com 431 E Sixteenth St, Winston-sa | | | | | | inston-sal | lem NC 27105 112 Victim Residence Type | | | | |
| T A | #3 | rime i | ncident | Vandalis | | Att Com | Premise ' | Тур | e | | | | | | nce 1ype ly | | | | |
| МО | | | d or Con MITTEI | | | | | | | | | | | Forcible Yes | X N/A | Wea | apon / Tools | | |
| | # of Victims Type No Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | lcohol Use: | | | |
| | 1 Society Government Financial Institute Broken Bones Severe Laceral Institute 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 | iknow | n _ | | ernal Victim of | | nscious B / Age | Other Race | | r ⊠ No Relationship | | |
| C T | V1 | , 10,1111 | | | | | | | | Crime # | DOI | 31 | Race | | To Offender | □ Resident | | | |
| I | ij | | DA | ΓΑ OMITTED | | | | | | | 1,2,3 | | | $\mid B \mid$ | M | 1AQ | □ Non-Resident □ Unknown | | |
| М - | Home Address DATA OM | | | | | | | | | TTED | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OM | | | | | | | | | | | | | | Business Phone | | | | |
| | VYR | Color Lic/Lis Vin | | | | | | | Vin | | | | | | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status | | | | | | | | | | | | | | | | | | | |
| Codes | Victim | | | if recovered for other | | ĺ | | P 5 | | | | | | | Make/Model Serial Number | | | | |
| | # DCI Status Value OJ QTY 1 29 4 | | | | | | Property Description BEDROOM DOOR | | | | | | | | Mak | e/Mo | | erial Number ATA OMITTED | |
| - - P - | | | | | | | | | | | | | | | FOR | | | | |
| | | | | | | | | | | | | | | | | | IN | FORMATION | |
| R | | | | | | | | | | | | | | | | | | SECURITY | |
| O P | | | | | | | | | | | | | | | | | | PURPOSES | |
| Е- | | | | | | | | | | | | | | | | | ON | ILY THE FIRST | |
| R T | | | | | | | | | | | | | | | | | | VE PROPERTY | |
| Y | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | | ISPLAYED ON | |
| - | | | | | | | | | | | | | | | | | F | 2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Nu | mber Veb | icles Recovere | d | 0 | | | | | | | | | | |
| | Office | r | | ID | | moer vell | Officer Sig | | - | | | | | Supervisor | | | | | |
| ID | FIE | LDS, 1 | I. O. (1. | | | | | | | Lc | D' | | BOISSI | | | 15475) | | | |
| Status | Comp | ıaınant | Signatur | е | | Inact | Inve | | | | | | | Refuse | e to C | ooperate | radition Declined | | |
| | | | | | | | ☐ Closed | d/Cleared ☐ Cleared by Arr | | | | | rrest by Another Agency | | | | | | |