I N	Agenc	y Nam	NSTON-SALEN	IN	INCIDENT/INVESTIGATION						OCA 2426183								
C ·	ORI					OLICE	-	REPORT							Date / Time Reported S M 표 W T F S				
D E	10		NC 034											TH FI CI	07   23   2024  16:55 Hrs.				
N	#1	Jillie I	neideni(s	) Vandalis	_	Month Day Yr Time Month Day Yr T									Time				
T D	#2	Crime I	ncident	ranaans	111				_	07 Location		23   2024 Incident	4   10	):33   HIS	1 07		<del></del>	16:54 Hrs. Offense Tract	
Α .	Com 3210 Thomasville Rd, Winston-s															em NC 27107 212 Victim Residence Type			
T A	#3	Crime I	ncident						Att Com	Premise	Тур	pe						ice Type y	
1.00	How A	Attacke	d or Con	mitted										Forcible					
МО	D	ATA C	MITTEL	)										☐ Yes [ ☐ No	AIN/A				
v	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
	1			ciety  Governm ligious  L.E. Of			inancial Instit uty 🔲 Othe		ıknow		-	roken Bone ternal $\qed$		Severe	Lacera Other	tions Majo		s □Unknown □N/A	
I C	Victim/Business Name (Last, First, Middle)  Victim of DOB / Age														Race			Resident Status Resident	
T I	V1		DA	ΓΑ OMITTED							48	W	$_{F}$	10 Offender	☐ Non-Resident				
M ·	Home Address														L VV		ne Phone	Unknown	
	Employer Name/Address DATA OMI									TTED									
	Emple	oyer Na	ame/Add	ress	ATA OMI	OMITTED							Business Phone						
	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis				Vin					
O T																			
Н																			
R																			
S									\		- <b>r</b>								
I	DATA OMITTED																		
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V E																			
D D																			
Status Codes																			
Codes	Victim				Í	Property Description								N (-1	/\ 1	4-1 0-	rial Number		
	# DCI Status Value OJ QTY  1 29 4						Property Description WINDOW								Mak	ce/Mo		TA OMITTED	
- P -																		FOR	
																		FORMATION SECURITY	
R O																		PURPOSES	
P - E -																			
R																		LY THE FIRST	
Т Ү -																		VE PROPERTY	
1					_													ITEMS ARE SPLAYED ON	
-																		2C REPORTS	
_																			
	Numb		ehicles S	tolen 0		mber Vehi	cles Recovere		0				- 1	Supervisor	Signat	ure			
ID	JAR	VIS, I	1. F. (1	6215)		GOR							or Signature DON, J. G. (15435)						
	Comp	lainant	Signatur	e			Case Statu	ase Status Case Disposition:						Loca	ocated   Extradition Declined				
Status						Inact													
	☐ Closed/Cleared												Cleared by Arrest by Another Agency  Death of Offender  Page 1						