| I<br>N          | Agency Name WINSTON-SALEM POLICE  |                                  |                 |                                      |                      |                    |                |   |  | NCIDENT/INVESTIGATION |  |                               |          |            |  | OCA 2430834                                    |  |                             |  |  |
|-----------------|---|----------------------------------|-----------------|--------------------------------------|----------------------|--------------------|----------------|---|--|-----------------------|--|-------------------------------|----------|------------|--|--|--|-----------------------------|--|--|
| I C             | ORI   | NG                               | NG 02           | 40200                                |                      |                    | 1              | REPORT  |  |                       |  |                               |          |            | Date /<br>Mon                                  | Date / Time Reported SMTWTFS Month Day Yr Time |  |                             |  |  |
| D<br>E          |   | NC NC 0340200  Crime Incident(s) |                 |                                      |                      |                    |                |   |  |                       | Att At Found SMTWIFS Month Day Yr Time |                               |          |            |  |  | $08 \mid 29 \mid 2024 \mid 04.02 \text{ Hrs.}$ |                             |  |  |
| N               | #1  | Time I                           |                 | )<br>iking & Enterin                 | a W                  | ith For            | 20             | ı —   | Att<br>Com                                 | Month                 | 1 ]                                    |                               |          |            |  |  | vn Secure<br>Day Yr                            | Time                        |  |  |
| Τ.              | ша С  | Crime I                          | ncident         | iking & Emerin                       | g vv                 | un rore            | .e             | _   | Att  | 08<br>Location        |  | <u>29   202</u><br>f Incident | 4   04   | 4:02   Hrs | s} 08  |  | 29   2024                                      | Offense Tract               |  |  |
| D<br>A          | #2  |                                  |                 | Vandalis                             | sm                   |                    |                | 4975  | 75 Reynolda Rd, Winston-salem NC 27106 123 |                       |  |                               |          |            |  | 123  |  |                             |  |  |
| T<br>A          | #3  | Crime I                          | ncident         |                                      |                      |                    |                |   | Att Premise Type                           |                       |  |                               |          |            |  | Victim Residence Type                          |  |                             |  |  |
| А               | How A   | tto also                         | d or Con        | amitta d                             |                      |                    |                |   | Com Forcible                               |                       |  |                               |          | ı          | ☐ Single Family ☐ Multi Family  Weapon / Tools |  |  |                             |  |  |
| МО              |   |                                  | MITTEI          |                                      | Yes                  |                    |                |   |  |                       |  |                               |          |            |  |  |  |                             |  |  |
| V               | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:                   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  |                             |  |  |
|                 | 1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  | _  |  |                             |  |  |
| V<br>I          |   | /ictim/                          |                 | Name (Last, First,                   |                      |                    | uty 🔲 Out      | 21/ ()1                                       | IKIIOW                                     | /11                   | II                                     | Victim of                     |          | 3 / Age    | Race   | <u> </u>                                       |  |                             |  |  |
| C<br>T          | T/1 Crime #   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  | To Offende                                     | r Resident                  |  |  |
| I               | DATA OMITTED  |                                  |                 |                                      |                      |                    |                |   |  |                       |  | 1,2                           |          |            |  |  | 1RU,2F   | Non-Resident ☐ Unknown      |  |  |
| М -             | Home Address DATA OMIT  |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  | Home Phone                                     |  |                             |  |  |
|                 | Employer Name/Address DATA OMI  |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  | Business Phone                                 |  |                             |  |  |
|                 | VYR   | Color Lic/Lis Vin                |                 |                                      |                      |                    |                |   | Vin  |                       |  |                               |          |            |  |  |  |                             |  |  |
|                 |   |                                  |                 | l                                    |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  |                             |  |  |
| О               |   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  |                             |  |  |
| T               |   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  |                             |  |  |
| H<br>E          |   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  |                             |  |  |
| R               | R   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  |                             |  |  |
| S               | DATA OMITTED  |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  |                             |  |  |
| I               | DATA OMITTED  |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  |                             |  |  |
| N               |   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  |                             |  |  |
| o<br>O          | V<br>O  |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  |                             |  |  |
| L<br>V          |   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  |                             |  |  |
| E               |   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  |                             |  |  |
| D               |   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  |                             |  |  |
|                 |   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  |                             |  |  |
| Status<br>Codes | L = Lc<br>(Checl  | ost S<br>k "OJ"                  | = Stolen column | R = Recovered if recovered for other | D =<br>er jur        | Damaged isdiction) | Z = Seized     | B =   | = Burr                                     | ned C =               | = Co                                   | unterfeit / I                 | Forged   | F = Foun   | ıd   |  |  |                             |  |  |
|                 | Victim  | DCI                              | Status          | Value                                | Property Description |                    |                |   |  |                       |  |                               | Mak      | ce/Mo      | odel   | Serial Number                                  |  |                             |  |  |
| P -<br>R -<br>O | 1   |                                  |                 |                                      |                      |                    |                |   | Troperty Description                       |                       |  |                               |          |            | IVIGE  | (C) 1V1  |  | ATA OMITTED                 |  |  |
|                 | 1   | 08                               | 7               |                                      |                      |                    | CIGARETTES     |   |  |                       |  |                               |          |            |  |  |  | FOR                         |  |  |
|                 | 1   | 35                               | 4               |                                      |                      | 1                  | WINDOW         |   |  |                       |  |                               |          |            |  |  |  | INFORMATION                 |  |  |
|                 |   |                                  |                 |                                      | _                    |                    |                |   |  |                       |  |                               |          |            |  |  |  | SECURITY<br>PURPOSES        |  |  |
| Р -             |   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  | 1 UKI OSES                  |  |  |
| E -<br>R        |   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  | C  | NLY THE FIRST               |  |  |
| T<br>Y          |   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  | TWE  | LVE PROPERTY                |  |  |
|                 | $\Box$  |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          |            |  |  |  | ITEMS ARE                   |  |  |
|                 |   |                                  |                 |                                      | -                    |                    |                |   |  |                       |  |                               |          |            |  |  | -  | DISPLAYED ON<br>P2C REPORTS |  |  |
| -               |   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               |          | +          |  |  |  | 120 121 01(1)               |  |  |
|                 | Numb  | er of V                          | ehicles S       | tolen 0                              | Nui                  | mber Veh           | icles Recovere | d   | 0  |                       |  |                               |          |            |  |  |  |                             |  |  |
| ID              | Officer<br>REF  |                                  | D. (16          | 105)                                 | )#                   |                    | Officer Sig    | natu  | re   |                       |  |                               |          |            | or Signature                                   |  |  |                             |  |  |
| ענ              |   |                                  | Signatur        |                                      |                      | Case Statu         | s              | KORN, A. R. (15714)  Case Disposition:        |  |                       |  |                               |          |            |  |  |  |                             |  |  |
| State           | •   |                                  | -               |                                      |                      |                    |                | Investigation Unfounded Located Extradition 1 |  |                       |  |                               |          |            | tradition Declined                             |  |  |                             |  |  |
| Status          |   |                                  |                 |                                      |                      |                    |                |   |  |                       |  |                               | other Ag | gency      | ,  | Page 1   |  |                             |  |  |