I N	Agency Name WINSTON-SALEM POLICE									NCIDENT/INVESTIGATION						OCA 2436433				
C	ORI	NC			REPORT						Date / Time Reported SMTWTFS Month Day Yr Time									
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found SMTW五FS Month Day Yr Time							10 10 2024 13:17 Hrs. Last Known Secure SMTWIFS SMTW			
N T	#1			, Vandalis	m			_	Com	Month	ı I			Time 3:17 Hrs				Time $13:16$ Hrs.		
D	#2	Crime I	ncident							Locatio	on of	f Incident		•				Offense Tract		
A T		Trime I	ncident	Trespassi	ing			_	☐ Att Premise Type						<i>VC 27</i>	C 27127 313 Victim Residence Type				
A	#3	Jime i	nerdent						Com	Tienns	. I y	pc						ly □Multi Family		
МО			d or Com MITTEI		Forcible ☐ Yes ☐ No						☐ Yes [Weapon / Tools								
	# of Victims Type None Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:				
**	2			ciety Governm	ent	□F	inancial Instit		.1	- 1	_	roken Bone		☐ Severe	Lacera	tions				
V I		Victim/		igious L.E. Of Name (Last, First,			uty 🔲 Othe	er/Un	iknow	'n [<u> </u>	Victim of		nscious B / Age	Race		r ∑ No Relationship	□N/A Resident Status		
C T	V1			ΓA OMITTED					Crime #		51			To Offender	Resident Non-Resident					
I M			IA OMITTED					1,2			W	M	1RU	Unknown						
171	Home Address DATA OMI'									ГТЕD						Home Phone				
	Employer Name/Address DATA ON														Business Phone					
	VYR							Vin												
O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ied C=	: Co	unterfeit / F	Forged	F = Found	d					
	Victim #	DCI	Status	Value	Property Description								Mak	e/Mo	del Se	erial Number				
	" '							ENCE PANELS									DA	TA OMITTED		
P - R																	IN	FOR FORMATION		
				+													11.	SECURITY		
ο .																		PURPOSES		
P .																				
R																		ILY THE FIRST		
Т Ү .					-												I WEL	VE PROPERTY ITEMS ARE		
-				+													D	ISPLAYED ON		
•																	F	2C REPORTS		
-																				
	Numb Office:		ehicles S	tolen 0		mber Vehi	Cles Recovere		0 re				ı	Supervisor	Signati	ıre				
ID	SIM	ON, S	T. (15	870)	Officer Sig	Officer Signature Supervisor BURK								r Signature S, C. M. (15216)						
	Complainant Signature Case Sta ☐ Furth									tion		Case Dispos		□ Loca	nted		□ Evt	adition Declined		
Status							☐ Closed	tive /Clea	ared			☐ Cleared	by A	rrest by Ano	Refuse ther Ag	gency	ooperate	Page 1		