I N	Agency Name WINSTON-SALEM POLICE									ICIDENT/INVESTIGATION						OCA 2438628				
C	ORI	NG 02	40200	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time										
D E			NC 034				A ++	At Fo	und	I-SI N	d Tl W	TFS	10		27 202	Time 4 08:49 Hrs. SMTWTFS				
N T	#1			, aking & Enterin	g W	ith Ford	:e	_	Att Com	Mont				T F S Time 8:00 Hrs			Day Yr 🖰	Time $04:00$ Hrs.		
D	#2	Crime I	ncident	6	8				Att		ion c	of Incident	7 00	5.00	7 10			Offense Tract		
A		\ T		Vandalis	m			☐ Com 745 Yellowstone Ln, Winston-s						alem NC 27106 113 Victim Residence Type						
T A	#3	rime i	ncident						Att Com	Premi	se 1	ype				- 1		ance Type ily ∏Multi Family		
МО			d or Con		_						Forcible Yes	N/A		apon / Tools	<u> </u>					
																	1 1 177			
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unkn																			
V	2		Rel	igious 🔲 L.E. Of	ficer	Line of D			ıknow	/n	_	nternal 🔲			Other		or 🛛 🔀 N	D □N/A		
I C		Business	Name (Last, First,					Victim of Crime #	DOI	3 / Age 22	Race	Sex	Relationship To Offender							
T I	V1	DA	TA OMITTED					1,2		22	W	$_{F}$		Non-Residen						
M	Home	ss						1,2					ne Phone	□ Unknown						
	DATA OMI									FTED						D : N				
	Employer Name/Address DATA OMI																Business Phone			
	VYR	M	ake	Model	St	yle	Color		Lie	c/Lis				Vin						
H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
Cours	Victim	DCI	Status	Value	Property Description								Mol	ce/Mo	odal S	erial Number				
	# DCI Status Value OJ QTY 1 77 7							Property Description							IVIAI	C/IVIC		ATA OMITTED		
- P -	1	35	4			1	WINDOW											FOR		
																	II	NFORMATION SECURITY		
R O					_													PURPOSES		
Ρ.																				
E ·																	Ol	NLY THE FIRST		
Т Ү.																	TWEI	VE PROPERTY		
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				+	\dashv													2C REPORTS		
			ehicles S	tolen 0		nber Vehi	cles Recovere		0											
ID	Officer MER		T, T. J. (Officer Sig	natu	re					Supervisor MATTI	Signat SON.	ure G. A	И. (15167)						
	Complainant Signature Case Statu									.·		Case Dispos						11.0 5 11 1		
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				l by Ai	Loc rrest rrest by And	Refuse other Ag	gency	Cooperate	Page 1		