I N	Agenc	y Nam		NSTON-SALEN	1 P	OLICE	IN	CIDENT/INVESTIGATION						OCA 2438923							
C ·	ORI	NC				02102	-	REPORT							Date / Time Reported SMIWTFS Month Day Yr Time						
D E			NC 034					Att At Found SMIWIFS Month Day Yr Time							10 29 2024 II.32 Hrs.						
N T	#1			, Vandalis		_	Com	Month	. 1			lime 1:32 Hrs				Time 4 11:3	9				
D	#2	Crime I	ncident							Locatio	n o	f Incident					•	Offens	e Tract		
A T		Crime I	ncident						Com	181 Premise			Ln, W	inston-sa	lem N		7104 Victim Resi	dence Ty			
A	#3								Com						☐ Single Family ☐ Multi Family						
МО	How Attacked or Committed DATA OMITTED											Forcible					Weapon / Tools				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major																				
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race		Relationsh	ip Resid	lent Status		
T	V1		DA	ΓΑ OMITTED	Crime #					$\begin{vmatrix} 41 \\ W \end{vmatrix}$		_	To Offend		esident on-Resident						
I M ·	Home Address											1,			W	F	1PA ne Phone	□ U	nknown		
					ITED							Tronic Fnonc									
	Employer Name/Address DATA OMI									TTED						Business Phone					
•	VYR	M	Color		Lic	:/Lis				Vin											
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
Cours	Victim		Status	Value	QTY		Pro	nerty	Descrip	tion				Mal	e/Mo	del	Serial Nu	ımber			
•	# 1	STRUCTURES	TRUCTURES - SINGLE OCCUPANCY DWELLING							TVICE.	C, 1110		DATA O								
P -	1	1 16 4 1 HOUSEHOLD GOODS													FC						
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	Numb		ehicles S	tolen 0		nber Vehi	cles Recovere Officer Sig		<i>0</i>				ı	Supervisor	Signati	ıre					
ID	HAS	LER,	A. E. (.	16368)	ıΤ									MCKA	rvisor Signature CKAUGHAN, A. M. (14884)						
	Comp	lainant	Signatur	e				r Investigation								xtradition	Declined				
Status																gency		Pa			