I N	Agenc	y Nam		NSTON-SALE	OLICE] IN	NCIDENT/INVESTIGATION						OCA 2438980									
C	ORI	ORI							REPORT									Date / Time Reported SMIWTFS Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)																10 29 2024 18:49 Hrs.					
N	#1								☐ Att At Found SM								Month Day Yr Time					
T	#2	Crime I	ncident	iking & Linerin	8 11	un ron	. c	_	Com 10 29 2024 18:49 Hrs 10 29 20. Att Location of Incident										ffense Tr	Hrs.		
D A				Vandalis	m				Com			hattalon L	Or, W	inston-sa	lem N				123			
T A	#3	Crime I	ncident		☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family										
	How A	Attacke	d or Com	mitted				Ш	Forcible						Weapon / Tools							
MO	D.	ATA C	MITTEL)										☐ Yes ☐ No	X N/A	/A						
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															:						
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																					
V I		Victim		• –			uty Othe	er/Ur	iknow	/n	□ I	nternal Victim of			Other	<u> </u>			□N/A Resident			
C T	V1														Racc	БСЛ	To Offen	der [☐ Reside	ent		
I	` -		DA	ΓA OMITTED								1,2							□ Non-R □ Unkno			
M	Home Address DATA OMI														1	Home Phone						
	F 1 N /A 11															Business Phone						
	DATA GIVII																					
	VYR	M	ake	Model	St	tyle	Color		Lie	c/Lis				Vin								
H E R S I N V O L V E D	DATA OMITTED																					
Status Codes																						
Coucs	Victim								Programme Description							Maka/Madal Carial Nyumbar						
	# DCI Status Value OJ QTY 1 74 4							Property Description							SWANN	ake/Model Serial Number N/Unk DATA OMITTED						
P - R _																FOR						
																			ORMAT			
																			ECURIT			
O P																		Р	URPOSE	72		
E - R																		ONL	Y THE F	IRST		
T .																	TW	/ELV	E PROPI	ERTY		
Y																		ľ	TEMS Al	RE		
																			PLAYED			
-																		P20	C REPOR	ets		
-	Numh	er of V	ehicles S	tolen 0	Nu	mber Veh	icles Recovere	d	0											—		
	Office	r		ID		, 011	Officer Sig		_					Supervisor	Signat	ire				$\overline{}$		
ID	GEOGHEGAN, M. R. (16168) Complainant Signature Case								ase Status Case Disposition:							E, R. D. (15708)						
Status	Comp	iaiiidiil	oignatuf				☐ Further ☐ Inact ☐ Closed ☐ Closed	r Inve tive /Clea	ared			☐ Unfour☐ Cleared☐ Cleared	ided l by Ai l by Ai	Loc rrest rrest by Ander	Refuse other Ag	gency	Cooperate		Page			