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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2439602**

ORI  
**NC NC 0340200**

Date / Time Reported  S  M  T  W  T  F  S  
 Month Day Yr Time  
**11 | 03 | 2024 | 10:32 Hrs.**

#1 Crime Incident(s)  
**Vandalism**

Att  
 Com  
At Found  
Month Day Yr Time  
**11 | 03 | 2024 | 10:32 Hrs**

Last Known Secure  
Month Day Yr Time  
**11 | 03 | 2024 | 10:31 Hrs.**

#2 Crime Incident

Att  
 Com  
Location of Incident  
**823 N Graham Av, Winston-salem NC 27101**

Offense Tract  
**222**

#3 Crime Incident

Att  
 Com  
Premise Type

Victim Residence Type  
 Single Family  Multi Family

MO How Attacked or Committed  
**DATA OMITTED**

Forcible  
 Yes  N/A  
 No

Weapon / Tools

V # of Victims Type  Person  Business  
 Society  Government  Financial Institute  
 Religious  L.E. Officer Line of Duty  Other/Unknown  
**1**

Injury  None  Minor  Loss of Teeth  
 Broken Bones  Severe Lacerations  
 Internal  Unconscious  Other Major

Drug/Alcohol Use:  
 Yes  Unknown  
 No  N/A

VICTIM #1 Victim/Business Name (Last, First, Middle)  
**DATA OMITTED**

Victim of Crime #  
**1,**

DOB / Age  
**49**

Race  
**W**

Sex  
**F**

Relationship To Offender

Resident Status  
 Resident  
 Non-Resident  
 Unknown

Home Address  
**DATA OMITTED**

Home Phone

Employer Name/Address  
**DATA OMITTED**

Business Phone

VYR	Make	Model	Style	Color	Lic/Lis	Vin
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### DATA OMITTED

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**Status Codes** L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found  
 (Check "OJ" column if recovered for other jurisdiction)

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
<b>1</b>	<b>29</b>	<b>4</b>			<b>1</b>	<b>WINDOW</b>		<b>DATA OMITTED</b>
								<b>FOR</b>
								<b>INFORMATION</b>
								<b>SECURITY</b>
								<b>PURPOSES</b>
								<b>ONLY THE FIRST</b>
								<b>TWELVE PROPERTY</b>
								<b>ITEMS ARE</b>
								<b>DISPLAYED ON</b>
								<b>P2C REPORTS</b>

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Number of Vehicles Stolen **0** Number Vehicles Recovered **0**

Officer ID <b>MINTZ, J. D. (16069)</b>	Officer Signature <b>KISER, C. N. (14944)</b>	Supervisor Signature <b>KISER, C. N. (14944)</b>
Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	Case Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined

**Status**