| I N | Agend | ey Nam | | VSTON-SALE | M P | POLICE | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2440376 | | | | |
|---|---|------------------------------|-------------------|------------------------------------|--------------|---------------------|----------------------|------------------------------|---------------------|-----------|----------------------------|-----------------------|---|--|---|----------|-----------|--------|-------------|
| C | ORI | NC | NC 03- | 40200 | | 1 | REPORT | | | | | | Date / Time Reported SMTWTF Month Day Yr Time 11 08 2024 21:06 Hrs | | | | | | |
| D E | | | | | | | | | . 1 | At Found | S | n ri w | T ₹ S | 11 | | | | | Hrs. T∄S |
| N | #1 | Crime Incident(s) Vandalism | | | | | | | · I i | Month | Day Yr | Т | ime | | | n Secure | <u>'T</u> | ime | |
| T | | Crime l | ncident | vanaan | | | IX Co | - | 11 08 2024 21 | | | :06 Hrs | s 11 | 11 08 2024 21:05 Hr Offense Tract | | | | Hrs. | |
| D A | #2 | | | | | | | ٠ | | Devonshii | re St, | Winston- | salem | NC. | 27127 | 1 | 412 | | |
| T | #3 Crime Incident | | | | | | | | | | | | | | Victim Residence Type | | | | |
| A | " 3 | | | | | | | ☐ Co | om | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Con MITTE | | | | | Forcible Yes | | | | | | Weapon / Tools | | | | | |
| | No | | | | | | | | | | | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown | | | | | | | | | | | | | | | | | | |
| V | 1 | | | | | | | | | | | | | | | | | | |
| I C | | Victim | Business | s Name (Last, First | , Mid | dle) | | | | | Victim of | DOE | 3 / Age | Race | Sex Relationship Resident Status To Offender Resident | | | | Status |
| T | V1 | | DA | TA OMITTED | | | | | | | Crime # | | 50 | | | | | Non-R | |
| I M | | | | | | | | | | | 1, | | | W | F IXS Unkn | | | | |
| | Hom | e Addro | ess | | | D | ATA OMI | ГТЕD | | | | | | | Home Phone | | | | |
| | Empl | ame/Add | ress | ATA OMI | MITTED | | | | | | Business Phone | | | | | | | | |
| 1 | VYR | | Color | | | | | | Vin | 10001 | | | | | | | | | |
| | 201 | 2 (| CHEV | SONIC LT | 4 | 4S | | | L | DL2094 | , <i>NC</i> | | 1G1. | IC6SE | 12C4 | 160453 | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | .ost S ck "OJ" | = Stolen column | R = Recovered if recovered for oth | D = er ju | Damaged risdiction) | Z = Seized | $\mathbf{B} = \mathbf{B}$ | urnec | d C = C | ounterfeit / F | Forged | F = Foun | d | | | | | |
| | Victin | DCI | Status | Value | QTY | | Property Description | | | | | | | Make/Model Serial Number | | | | | |
| | 1 | " | | | | | | | | | | | | | Sonic Lt DATA OMITTEI | | | | |
| P - R . | | | | | | | | | | | | | | | | | | FOR | |
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| O P . | | | | | | | | | | | | | | | | | PU | JRPOSE | ES |
| Ε . | | | | | | | | | | | | | | | | | ANII X | THE F | прет |
| R T | | | | | | | | | | | | | | | | | | PROPE | |
| Y | | | | | | | | | | | | | | | | 1 *** | | EMS AI | |
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| | | | ehicles S | | | mber Vehi | cles Recovere | | | | | | | | | | | | |
| ID | Office W/17 | | RHA | . (16390) | О# | | Officer Sig | nature | | | | | Supervisor | Signat RTSO | ure N. C. V. (15626) | | | | |
| ID | | | Signatur | | | | Case Status | | | | | | | ERTŠON, C. K. (15636) | | | | | |
| Status | Comp | , amail | Signatul | | | | | r Investi tive /Cleare | d | on | ☐ Unfoun☐ Cleared☐ Cleared | ded by Ar by Ar | Loc rest rest by And nder | Refus | gency | ooperate | | Page | |

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