| I N | Agency | | NSTON-SALE | CE IN | INCIDENT/INVESTIGATION | | | | | OCA 2444890 | | | | | |
|-----------------|--|----------------------------|---|---------------------------|--------------------------|------------------------------------|--|----------------|----------------|--|-------------------------------|------------------------------------|--------|---------------------------|--|
| C | ORI | | | | | | REPORT | | | | | Date / Time Reported SMTWTFS | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | | | | 12 14 2024 12:50 Hrs. | | | |
| N T | #1 Vandalism | | | | | | | | | | | Month Day Yr Time | | | |
| D . | #2 Crime Incident | | | | | | Matt Location of Incident 12 14 2024 12:50 Hrs 12 14 2024 12:49 Att Location of Incident Offense | | | | | | | | |
| A | □ Com 628 W Fourth St, Winston-salem | | | | | | | | | | | | | 411 | |
| T A | #3 Cm | me Incident | | Att Com | ☐ Att Premise Type ☐ Com | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | |
| МО | | acked or Co | | • | Forcible ☐ Yes ☐ No | | | | Weapon / Tools | | | | | | |
| V I | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | |
| | 1 | | ociety Governn | | ☐ Financial Insti | | . – | Broken Bone | | Severe | Lacerat | ions Maio | | s □Unknown □N/A | |
| | Image: Religious in the control of the properties of | | | | | | | | | | | e Sex Relationship Resident Status | | | |
| C T | V1 DATA OMITTED | | | | | | Crime # | | | | | | | Resident Non-Resident | |
| I M | | | | | | | | 1, | | | W | M | 1RU | Unknown | |
| | Home Address DATA OMI | | | | | | ГТЕD | | | | Home Phone | | | | |
| | Employer Name/Address DATA OMI | | | | | | ГТЕО | | | | Business Phone | | | | |
| , | VYR 2024 | Make TOYT | Model CAMRY SE | Color | Lic/Lis | | | | | Γ1G11AK7RU258843 | | | | | |
| | | 1011 | GILIIII DE | 45 | | | 220 7000 | 1,0 | <u> </u> | 7110 | | ,,,,,,, | 2000.0 | | |
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| R S | | | | | | | | | | | | | | | |
| | DATA OMITTED | | | | | | | | | | | | | | |
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| D | | | | | | | | | | | | | | | |
| _ | | | | | | | | | | | | | | | |
| Status Codes | (Check | t S = Stole "OJ" columi | n R = Recovered n if recovered for oth | D = Dama er jurisdicti | | B = Bur | ned $C = C$ | ounterfeit / F | Forged | F = Found | i | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | Property Description | | | | | Make/Model Serial Number | | | | |
| - | | | | | | ASSENGERS SIDE DOOR 024 LBJ4338 NC | | | | | DATA OMITTED OYT Camry Se FOR | | | | |
| P - R | 1 | PCA TARC | | | 2024 L | BJ4338 N | /C | | | | OYIC | amry | | FOR FORMATION | |
| | | | | | | | | | | | | | | SECURITY | |
| O p - | | | | | | | | | | | | | | PURPOSES | |
| Ē. | | | 1 | | | | | | | | | | ON | LY THE FIRST | |
| R T Y | | | + + | | | | | | | | | | | VE PROPERTY | |
| | | | 1 | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | SPLAYED ON | |
| | | | | | | | | | | | | | P | 2C REPORTS | |
| - | Number | of Vehicles | Stolen 0 | Number V | ehicles Recover | ed 0 | | | | | | | | | |
| ID | Officer ID# Officer Signature Supervisor Signature WHELAN L. T. (15232) | | | | | | | | | | | | | | |
| ID | ROCHELLE, M. D. (16060) Complainant Signature Case Sta | | | | | | WHELAN, L. T. (15232) Case Disposition: | | | | | | | | |
| C4. 4 | Further Investi | | | | | | | ☐ Unfoun | ided | Loca | ited Refuse | to C | Extra | adition Declined | |
| Status | | | | | Close | d/Cleared d/Leads Ex | thausted | Cleared | l by An | rest by Anor | ther Ag | ency | | Page 1 | |