I N	Agenc	y Name		NSTON-SALEN	OLICE	. IN	NCIDENT/INVESTIGATION						OCA 2445029							
C ·	ORI				REPORT						Date / Time Reported SMTWTFS									
D E	10		NC 034													12   15   2024  17:43 Hrs.				
N	#1	Jillie I	ncideni(s	) Vandalis		Month Day Yr Time Month Day Yr T									Time	: ' '				
Т.	#2	Crime I	ncident	ranaans	111				$\rightarrow$	12 Location		5   202 <sup>2</sup> Incident	4   17	7:43   HIS	12	1	3   202	4   17:4. Offense		
D A	Com 3020 Bon Air Av, Winston-salem NC																	121		
T A	#3	Jrime I	ncident			☐ Att Premise Type ☐ Com							Victim Residence Type  ☐ Single Family ☐ Multi Family							
МО			d or Con											Forcible	W NI/A	Weapon / Tools				
MO	DATA OMITTED Yes No																			
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:   Broken Bones   Severe Lacerations   Yes   Unknown																			
V	1			igious   L.E. Off					know		-			Severe scious	Other	tions Majo		_		
I C	Victim/Business Name (Last, First, Middle)  Victim of DOB / Age Crime # 74														Race	Sex	Relationsh To Offend		ent Status	
T I	VI DATA OMITTED													$\begin{vmatrix} & & & & & & & & & & & & & & & & & & &$			10 0110110	□No	n-Resident	
M ·	Home	Addre	ess									1,			В	F Hon	ne Phone	Un	nknown	
	Employer Name/Address DATA OMI															n i ni				
						ATA OMI								Business Phone						
	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis				Vin						
T H E R S I N O L V E D	DATA OMITTED																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = i er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Found	1					
	Victim #	DCI		Property Description								ake/Model Serial Number								
- - P - R	1														DATA ON					
																		FO INFORM		
																		SECUI		
0																		PURP	OSES	
Р <sup>-</sup> Е -																				
R.					$\dashv$													ONLY TH		
T Y					$\dashv$												1 W	ITEMS		
																		DISPLAY		
																		P2C REI	PORTS	
-					$\prod$															
	Numb		ehicles S	tolen 0		nber Vehi	Cles Recovere		0 e				1	Supervisor	Signati	ıre				
ID	BYE	RLY,	N. P. (	16192)					_				SEY, S. G. (15475)							
	Complainant Signature Case State X Furth									Case Disposition:  Investigation Unfounded Located							ПF	xtradition	Declined	
Status							☐ Inact	tive /Clea	ıred			☐ Cleared	by A	rest   Dece	Refuse ther Ag	gency	ooperate		ge 1	