I N	Agenc	y Name		NSTON-SALEN	. IN	INCIDENT/INVESTIGATION							OCA 2445752							
C ·	ORI	NG				02102	-	REPORT							Date / Time Reported SMTWTFS					
D E	NC NC 0340200 Crime Incident(s)									Att At Found SMTWTFS Month Day Yr Time							$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
N T	#1	Jimic I	nerdent(s	, Vandalis	m				Com	Month 12	Da			ime 3:49 Hrs				Time $08:48$ Hrs.		
D .	#2	Crime I	ncident	renteetts					\rightarrow	Location			<i>‡</i> 00	0.49 1113	12		1 2024	Offense Tract		
Α .	Com 4542 June Av, Winston-salem NC																	114		
T A	#3	rime i	ncident					☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family					
МО			d or Con						•					Forcible Yes						
																lachal Usar				
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unk																			
V I	$\frac{I}{I}$			igious L.E. Off			uty Othe	er/Un	know	'n				scious 🔲	Other	er Major No N/A				
Ċ	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Crime # 38														Race	Sex	Relationship To Offender	Resident Status Resident		
T I	VI DATA OMITTED													A				☐ Non-Resident		
М -	Home Address DATA OMIT									TFD						Home Phone				
	Employer Name/Address DATA OM														Business Phone					
	VYR	M	Model	Color Lic/Lis Vin						Vin										
O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed C = 0	Cour	nterfeit / F	orged	F = Found	i 					
	Victim #	DCI	Status	Value	Property Description								Mak	e/Mo	del S	erial Number				
- - P - R	1 43 4 1 WINDOW												D.	ATA OMITTED FOR						
					-												I	NFORMATION		
					\neg													SECURITY		
O P -																		PURPOSES		
Р Е -					_												01	H V THE EIDET		
R T																		NLY THE FIRST LVE PROPERTY		
Y					\dashv												1 11 2	ITEMS ARE		
																	Ε	ISPLAYED ON		
]	P2C REPORTS		
-	NI1	or of T	ahiala - C	tolon 0	NT	nho= V-1 '	alas Passers	d	0											
	Office		ehicles S	tolen 0		noer veni	Cles Recovere		e e				T	Supervisor	Signatı	ıre				
ID	СНЕ	EEK, I	D. C. (1	(5469)								BOGEI	ER, J. C. (14943)							
Status	Comp	lainant	Signatur	e			Case Statu Further Inact Closed	r Inve tive /Clea	ıred				ded by Ai by Ai	rest by Ano	Refuse ther Ag	gency	ooperate F	radition Declined		
							☐ Closed	/Leac	is Exl	hausted	1 -	⊐ Death o	t Offe	nder 🗆	Prosec	ution	Declined	Page 1		