I N	Agenc	y Nam		STON-SALE	M P	OLICE	INCIDENT/INVESTIGATION							OCA 2446114				
C · I	ORI		,,,,,,			REPORT							Date / Time Reported S M I W T F S Month Day Yr Time					
D			NC 03-											12 24 2024 06:43 Hrs				
E N	#1	Crime I	ncident(s				□ Att	At Fo Mont		Day Yr		T F S Lme	Last K Mont	nown S h Day	ecure Yr	SM <u>T</u> WTFS Time		
Т		Outure 1		Vandali	sm			X Com	12			4 06:	43 Hrs	12	24	2024		
D	Com 2081 S Main St Winston sala														127		Offense Tract 313	
A T	#3	Crime Insident											n saiem	110 27		im Resid	ence Type	
А	#3							Com							□Si	ngle Fan	nily <mark>∏</mark> Multi Family	
МО			d or Con MITTEI										Forcible	X N/A	Weapo	n / Tools		
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use: I Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																	
v	1			ligious 🔲 L.E. O						_	nternal		□ Severe		$\begin{array}{c c} \hline & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			
I		Victim/		Name (Last, First			· _				Victim of	DOB		Race		lationshi	p Resident Status	
C T	V1		DA	TA OMITTED							Crime #				10	Offende	r ⊠ Resident □ Non-Residen	
I M·											1,						Unknown	
	Hom	e Addre	ess			D	ATA OMI	ITED						Home Phone				
	Empl	oyer Na	ame/Add	ress		D	ATA OMI	TED						Business Phone				
	VYR	M	ake	Model	S	tyle	Color	Lic/Lis Vin										
						5												
E R S I N V O L V E D		DATA OMITTED																
Status				R = Recovered			Z = Seized	B = Burr	ned C	= Co	ounterfeit / F	orged	F = Foun	d				
Codes	s (Check "OJ" column if recovered for other jurisdiction) Victim																	
	#	# DCI Status Value OJ QTY						Property Description STRUCTURES - COMMERCIAL/BUSINE							/Model		Serial Number	
-	Ι	1 31 4 1 STRUCTURES - CO								MMERCIAL/BUSINE					DATA OMITTED FOR			
																1	NFORMATION	
P- R																	SECURITY	
0																	PURPOSES	
Р' Е-																		
R																	NLY THE FIRST	
T Y -																TWE	LVE PROPERTY ITEMS ARE	
-																I	DISPLAYED ON	
-																	P2C REPORTS	
-																		
			ehicles S			mber Vehi	cles Recovered	. 0										
ID	Office GAl		L, C. S.	(<i>16360</i>)	D#		Officer Sig	nature				S	Supervisor LANGI	Signatur DON, S	re 5. <i>L. (1</i>	5223)		
Status	Complainant Signature Case Status Case Disposition: □ Further Investigation □ X Inactive □ Unfounded □ Located □ Extradition De □ Cleared by Arrest □ Refuse to Cooperate												tradition Declined					
							Closed		hausted		\Box Cleared \Box Death of			other Age		clined	Page 1	