| I N | Agenc | y Namo | | VSTON-SALE | M F | POLICE | INCIDENT/INVESTIGATION | | | | | | | OCA 2446115 | | | |
|---|---|---|--------------------|---------------------------------------|--|-------------|----------------------------|-----------------------------------|---------|------|---------------------|--|---------------------------|---|---------|--------------|----------------------------------|
| C · I | ORI | | | | REPORT | | | | | | | Date / Time Reported SMI MTFS Month Day Yr Time | | | | | |
| D | | | NC 034 | | <u> </u> | | | | | | | 12 24 2024 07:04 Hrs. | | | | | |
| E N | #1 | Crime I | ncident(s | | □ Att At Found SMI MIFS Month Day Yr Time | | | | | | | Last Known Secure Month Day Yr Time | | | | | |
| Т | | Trimo I | ncident | Vandali | sm | | | X Con | 12 | | 24 2024 | 4 07 | 7:04 Hrs | s 12 | 24 | 2024 | |
| D | #2 | _rime i | ncident | | | | | ☐ Att ☐ Con | | | | d Ct | Winston- | salem | NC 27 | 103 | Offense Tract 322 |
| A T | #3 Crime Incident Image: Comparison of the comparison of th | | | | | | | | | | | | | suiem | | | ence Type |
| А | #3 | | | | | | | Con | | | | | | | □Si | ngle Fan | nily <mark>∏</mark> Multi Family |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible □ Yes □ No | X N/A | Weapo | n / Tools | |
| | # of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | |
| | 1 | | □ So | ciety 🔲 Governr | nent | 🗆 F | inancial Instit | | | _ | Broken Bone | | | Lacerat | | | |
| V I | | Victim | | ligious □ L.E. O Name (Last, First | | | uty 🗌 Othe | er/Unknov | vn | | Internal Victim of | | nscious C B / Age | Other I | | lationshi | |
| Ċ | V1 | v icuiti/ | | | | ule) | | | | | Crime # | DOF | 5 / Age | Kace | | Offende | r 🖾 Resident |
| T I | V I | | DA | FA OMITTED | | | | | | | 1, | | | | | | Non-Residen |
| M · | Home | Addre | ss | | | | | | | | , | | | 1 | Home F | hone | Unknown |
| | | | | | | D | ATA OMI | ГТЕD | | | | | | | | | |
| | Emplo | oyer Na | ame/Add | ress | | D | ATA OMI | A OMITTED | | | | | | Business Phone | | | |
| | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | | | Vin | | | | |
| | | | | | | | | | | | | | | | | | |
| E R N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | |
| Status | L = L | ost S | = Stolen | R = Recovered | D = | Damaged | Z = Seized | B = Bur | ned C | = C(| ounterfeit / F | orged | F = Foun | ıd | | | |
| Codes | es (Check "OJ" column if recovered for other jurisdiction) | | | | | | | | | | | | | | | | |
| | # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | Make BRICK | e/Model | | Serial Number |
| | 1 | 1 31 4 1 STRUCTURES - COMMERCIAL/BUSINE | | | | | | | | | | DRICK | | D | FOR | | |
| | | | | | | | | | | | | | | | | I | NFORMATION |
| P- R | | | | | | | | | | | | | | | | | SECURITY |
| 0 | | | | | | | | | | | | | | | | | PURPOSES |
| Р' Е- | | | | | | | | | | | | | | | | | |
| R T | | | | | | | | | | | | | | | | | NLY THE FIRST |
| Y · | | | | | | | | | | | | | | | | IWE | ITEMS ARE |
| - | | | | | | | | | | | | | | | | I | DISPLAYED ON |
| - | | | | | | | | | | | | | | | | | P2C REPORTS |
| _ | | | | | | | | | | | | | | | | | |
| | | | ehicles S | | Nu D# | mber Vehi | cles Recovere | | | | | | Cum amai- | · Ciam - + | *0 | | |
| ID | Office GAN | | L, <u>C. S</u> . | (16360) | | Officer Sig | Officer Signature Supervis | | | | | | | or Signature GDON, S. L. (15223) | | | |
| Status | Comp | lainant | Signatur | e | | | X Inact | urther Investigation Unfounded Lo | | | | | | cated Extradition Declined Refuse to Cooperate | | | |
| | | | | | | | | | hausted | 1 | \square Death o | | | Prosec | | clined | Page 1 |