I N	Agenc	y Name		NSTON-SALEN	OLICE	, IN	NCIDENT/INVESTIGATION						OCA 2446650						
C	C OPI													Date / Time Reported S Month Day Yr					
D E	10		NC 034						۸ 44 ا	At For	ınd	l sl n	инw	TIFISI	12		28 2	024	Time 23:26 Hrs M T W T F
N T	#1	Jimic I	nerdent(s	, Vandalis	_	Att At Found SMTWTFS Last Known Se Month Day Yr Time Last Known Se Month Day Com 12 28 2024 23.26 Hrs 12 28									Yr Time				
D D	#2	Crime I	ncident	renteetts	_	12 20 2024 23.20 12 20 2024 23									Offense Tract				
A	Com 700 Granville Dr, Winston-salem No																		412
T A	#3	rime i	ncident						Att Com	Premis	ету	pe					Victim Re		ce 1 ype y
МО		How Attacked or Committed DATA OMITTED Forcible Yes X N/A No													_				
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															_			
V I		Victim/		Name (Last, First,			uty 🗌 Othe	21/ U11	KHOW	11 [In	Victim of		S / Age	Race	<u> </u>		No Ship	□N/A Resident Status
C T	V1			ΓΑ OMITTED								Crime #		. 8			To Offer	der	☐ Resident ☐ Non-Reside
I M			DA	IA OMITIED								1,							☐ Unknown
IVI ·	Home	Addre	ess			Г	OATA OMI	ГТЕ	D							Hor	ne Phone		
	Emplo	oyer Na	me/Add	ress		Г	OATA OMI	ГТЕ	D							Bus	iness Pho	ne	
,	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis				Vin					
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
	Victim #	DCI	Status	Value	OJ	QTY		Pro	perty	Descrip	tion				Mal	ce/Mo	odel	Sei	ial Number
		77	4			1	OTHER											DA	TA OMITTED
																		INI	FOR FORMATION
P - R - O - P - E - R - T -																			SECURITY
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ID	Office HEI		REICH.	T. F. (16354)	Officer Sig	natur	e					Supervisor ROBE	Signat RTSO	ure V, <i>C</i>	. K. (150	 (36			
			Signatur				Case Statu				10	Case Dispos				., 0			
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive l/Clea	red				l by Ai	Loc rrest rrest by Ander] Refuse other Ag	gency	Cooperate	_	Page 1