I N	Agenc	y Name	NSTON-SALEN] IN	NCIDENT/INVESTIGATION						OCA 2482278								
C ·	ORI	NG				02102	-	REPORT							Date / Time Reported S M T W T F S Month Day Yr Time				
D E	10	NC	40200		LEIAN LANGUA COMPLIEDO							06 30 2024 21:48 Hrs.							
N T	#1	nerdent(s	, Vandalis	_										Time					
D .	#2	ncident	reneceus		_		_	f Incident	7 10	7.00	<u>, 00</u>			Offense Tract					
A	Com 794 Sedge Garden Rd, Winston-															valem NC 27284 214 Victim Residence Type			
T A	#3	rime I	ncident						Att Com	Premise	ету	pe				- 1		ice Type y	
МО			d or Con						!					Forcible	T NI/A	_	apon / Tools	,	
МО	DATA OMITTED Yes																		
V	# of V	ictims	""	Person	_	Business	inonoial Instit			Inju	•	☐ None	□М	_	Loss o			cohol Use:	
	1 Society Government Financial Institute Broken Bones Severe Lacerations Ves Unknown Internal Unconscious Other Major No NA															_			
I C	1	Victim/	Business	Name (Last, First,	dle)			Victim of DOB			3 / Age	Race	Sex	Relationship To Offender	Resident Status Resident				
T I	V1		DA	ΓΑ OMITTED					1		45	W	$_{F}$	RU	☐ Non-Resident				
M ·	Home Address											1			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ne Phone	Unknown	
	DATA OMI									<u> </u>									
	Employer Name/Address DATA OM								TTED					Business Phone					
•	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis				Vin					
O																			
T H																			
E R																			
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o O																			
L V																			
E D																			
Status																			
Codes	Victim			if recovered for other	Í		P							Make/Model Serial Number					
	# DCI Status Value OJ QTY 1 99 4						Property Description OTHER							Mal	ce/Mo		rial Number TA OMITTED		
- - P -																		FOR	
																		FORMATION	
R O					_													SECURITY PURPOSES	
P					_	+												FURFUSES	
E - R					\dashv												ON	LY THE FIRST	
T																		VE PROPERTY	
Υ -																		ITEMS ARE	
-					\dashv	+												SPLAYED ON 2C REPORTS	
-					_														
_			ehicles S	-		mber Vehi	cles Recovere		0										
ID	Office ALE		DER, J.	C. (15741)	Officer Sig	natui	re					Supervisor ALEXA			C. (15741)				
	Complainant Signature Case Stat									Case Disposition:						,		10.0 50 00 0	
Status			tive	estiga	tion		☐ Unfour	by A	rrest Loc] Refus	e to C	ooperate	adition Declined						
	IX Closed/Cleare													rrest by And	other A	gency		Page 1	