I N	Agenc	y Name	STON-SALEN	. IN	NCIDENT/INVESTIGATION						OCA 2482553								
C	ORI	NC				-	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E	NC NC 0340200 Crime Incident(s)									│						07 22 2024 08:48 Hrs.			
N T	#1	Jimic I	nerdeni(s	, Vandalis	_	Month Day Yr Time Month Day Yr Time									Time 16:15 Hrs.				
D	#2	Crime I	ncident						\rightarrow			Incident	7 10	0.15	, 07	1	2024	Offense Tract	
A	Com 2614 Fairlawn Dr, Winston-saler H Com 2614 Fairlawn Dr, Winston-saler H Att Premise Type																	114	
T A	#3	Jillie 1	ncident						Com	Premise	: 1 y	pe				- 1	Victim Resido Single Fam	ily ∏Multi Family	
МО			d or Con											Forcible	Weapon / Tools				
WIO	□ No																		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																		
V	1			igious L.E. Of					know		_			Severe	Lacera Other	er Major No N/A			
I C	Crime #													B / Age 51	Race	Sex	Relationship To Offender	Resident Status Resident	
T I	V1		DA	ΓΑ OMITTED					1		31	$\mid B \mid$	$_{F}$	To Officiaci	☐ Non-Residen				
M	Home Address											1			В		ne Phone	Unknown	
	Employer Name/Address DATA OMI Employer Name/Address															D : N			
					ATA OMI	IITTED					Business Phone								
	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis				Vin					
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered if recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	unterfeit / F	Forged	F = Found	d				
	Victim #	DCI	Status	Value		Property Description							Mak	e/Mo	odel S	erial Number			
- - P - R	1	RIVEWAY										D.	ATA OMITTED						
					\dashv						_						T	FOR NFORMATION	
																		SECURITY	
ο .																		PURPOSES	
Р ⁻ Е -																			
R.					_													NLY THE FIRST LVE PROPERTY	
T Y					\dashv						—						1 WE	ITEMS ARE	
					\dashv												Г	DISPLAYED ON	
																		P2C REPORTS	
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	Numb Office		ehicles S	tolen 0		mber Vehi	cles Recovere		e e				1	Supervisor	Signati	ıre			
ID	WAI	DDEL		(15882)									WADD	r Signature DELL, J. A. (15882)					
	Comp	lainant	e	Case Statu									radition Declined						
Status							☐ Closed	tive l/Clea	ared			Cleared	by A	rrest Dece	Refuse ther Ag	gency	ooperate	Page 1	