I N	Agency Name WINSTON-SALEM POLICE									ICIDENT/INVESTIGATION						OCA 2410603			
C	ORI	NC			REPORT							Date / Time Reported SMIWIFS Month Day Yr Time							
D E	10		NC 034			l –	۱ ۸ ۲۲	At Four	ad	Islw	ᄪᄓ	 	03		26 202	Time 4			
N	#1	Jiiiic i	,) iking & Enterin	o W	ith For	rp	ı —	Att Com	Month	Γ			TFS Time			n Secure Day Yr	Time	
T	#2	Crime I	ncident	iking & Enterin	8 "	iii I Ore		_	Att	03 Location		26 2024 Incident	# 10	8:10 Hrs	03		<u>26 2024</u> 	18:09 Hrs. Offense Tract	
D A	Vandalism ☐ Com 3968 Southdale Av, Winston-said																	212	
T A	#3	Crime I	ncident					Att Com	Premise	Тур	pe				- 1	Victim Resid	ence Type ily ∏Multi Family		
	How A	Attacke	d or Con	nmitted			Forcible					Forcible	Weapon / Tools						
МО	D.	ATA C	MITTEL)										☐ Yes [☐ No	X N/A				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	1			ciety Governm ligious L.E. Of			inancial Institution		know		-	roken Bone		Severe	Lacera	tions Maio		es Unknown	
I		Victim/		Name (Last, First,			uty 🔲 Out		intii o v	<u> </u>		Victim of		3 / Age	Race		Relationship	Resident Status	
C T	V1		DA	ΓΑ OMITTED					Crime #		36			To Offender	Resident ☐ Non-Resident				
I M				TA OMITTED					1,2			W	F		Unknown				
111	Home Address DATA OMIT									ГТЕО						Home Phone			
	Employer Name/Address DATA OMI'									TTED					Business Phone				
	VYR	ake	Color	or Lic/Lis					Vin										
O 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	R = Recovered if recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ied C=	Cou	unterfeit / F	orged	F = Found	d				
	Victim #		Pro	perty	Descripti	ion				Mak	e/Mo	del S	erial Number						
- - P - R									TURES - SINGLE OCCUPANCY DWELLING								D	ATA OMITTED	
					-												T	FOR NFORMATION	
				+													1	SECURITY	
ο .																		PURPOSES	
P .																			
R																		NLY THE FIRST	
T Y																	IWE	LVE PROPERTY ITEMS ARE	
					-												Γ	DISPLAYED ON	
•																		P2C REPORTS	
					\square														
	Numb		ehicles S	tolen 0		mber Veh	Cles Recovere		0 re				ı	Supervisor	Signati	ıre			
ID	REY	ES, J.	M. (16	5183)		Officer Signature Supervise BOYI								r Signature 9, <i>K. E.</i> (15702)					
	Complainant Signature Case State									tion —		Case Dispos		□ Loca	ated		□ Ex	tradition Declined	
Status							☐ Closed	tive /Clea	ared			☐ Cleared	by A	rrest Dece	Refuse ther Ag	gency	ooperate	Page 1	