| I N | Agenc | y Name | | NSTON-SALE | OLICE | . IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2413685 | | | | | |
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| C · | ORI | NG | | | | 02102 | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | 10 | | NC 034 | | | | | | | | | | | TES | 04 20 2024 02:15 Hrs. | | | | |
| N T | #1 | Jiiiic I | nerdent(s | , Vandalis | _ | Month Day Yr Time Month Day Yr Ti | | | | | | | | | Time 02:14 Hrs. | | | | |
| D . | #2 | Crime I | ncident | renteettis | | | | | \rightarrow | Location | | | 1 U2 | 2.13 1111 | 31 04 | | 20 2024 | Offense Tract | |
| Α . | | ~ · · | | | | | | ╄ | Com | | | | h St, | Winston- | salem | | | 222 | |
| T A | #3 | orime i | ncident | | | | | | ☐ Att Premise Type ☐ Com | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | |
| МО | | | d or Com | | | | | | | | | | | Forcible Yes | X N/A | We | eapon / Tools | | |
| | # of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown | | | | | | | | | | | | | | | _ | | | |
| V I | | Victim/ | | • – | | | uty Othe | er/Un | know | n 📗 | | ernal Victim of | | _ | Other Race | <u> </u> | | | |
| C T | Crime # | | | | | | | | | | | | | | Race | BCA | To Offende | Resident | |
| I | DATA OMITTED | | | | | | | | | | | | | | | | | ☐ Non-Resident | |
| М - | Home Address DATA OMI' | | | | | | | | | ГТЕО | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OM | | | | | | | | | | | | | | Business Phone | | | | |
| | VYR | M | Model | | | | | | | Vin | | | | | | | | | |
| | | | | <u> </u> | <u> </u> | | | | | | | | | | | | | | |
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| Status Codes | | | | | | | | | | | | | | | | | | | |
| | Victim | | Status | Value | Property Description | | | | | | | | Mak | e/Mo | ndel 9 | erial Number | | | |
| • | # DCI Status Value OJ QTY 1 29 4 1 | | | | | | STRUCTURES - SINGLE OCCUPANCY DWELLING | | | | | | | | 17141 | . C/ 171C | | ATA OMITTED | |
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| | Numb | | ehicles S | tolen 0 | | mber Veh | Cles Recovere | | o e | | | | Ī | Supervisor | Signati | ıre | | | |
| ID | SLO | AN, C | C. C. (1) | 6301) | | ŴH | | | | | | | TE, R. D. (15708) | | | | | | |
| | Comp | laınant | Signatur | e | | | Case Status Case Disposition: Further Investigation | | | | | | □ Loc | ated | | ⊓ Ex | tradition Declined | | |
| Status | | | | | | Inact | ☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate ☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency | | | | | | | | | | | | |
| | | | | | | | nausted | | | | Arrest by Another Agency ffender | | | | | | | | |