I N	Agenc	y Name		NSTON-SALEN	IN	NCIDENT/INVESTIGATION						OCA 2481109							
C	ORI	NG					-	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time					
D E	NC NC 0340200 Crime Incident(s)															04 01 2024 05:20 Hrs.			
N T	#1 Vandalism									Att At Found S M T W T F S Month Day Yr Time X Com 04 01 2024 03:45 Hrs						Month Day Yr Time			
D .	#2	Crime I	ncident	, contactitis				-	<u> </u>								Offense Tract		
A	□ Com 2314 Ardmore Tr - APT D, Winston														-salem NC 312 Victim Residence Type				
T A	#3	rime i	ncident					☐ Att Premise Type ☐ Com					Single Family Multi Family						
МО			d or Con										Forcible Yes						
	No No																		
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Yes Unknown Use Drug/Alcohol Use:																		
V	1		Rel	igious 🔲 L.E. Off	icer Li	ne of Du			know		Internal	Unco	nscious	Other	Majo	r 🛛 🔀 No	□ □N/A		
I C		Victim/	Business	Name (Last, First,	Middle	e)		Victim of OOB / Ag					B / Age 51	Race	Sex	Relationship To Offender	Resident Status Resident		
T I	VI DATA OMITTED										1		31	W	$_{M}$	RU	☐ Non-Resident ☐ Unknown		
M	Home Address DATA OMI														Home Phone				
	Employer Name/Address DATA OMI													Business Phone					
	VYR Make Model Style Color								Lic/Lis Vir										
O T H E R S I N V O L V E D		DATA OMITTED																	
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = Da r jurisc	amaged diction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit /	Forged	F = Found	d 					
	Victim # DCI Status Value OJ QTY								Property Description					Mak	Make/Model Serial Number				
	1	YEHICLE PARTS/ACCESSORIES							HYUN/I			TA OMITTED							
- P - R		PSU TARG 1 2018 BUR /RED ZVX4352 NC									HYUN T	usco		FOR FORMATION					
																	SECURITY		
ο .																	PURPOSES		
Р ⁻ Е -																			
R T																	LY THE FIRST VE PROPERTY		
Y ·																	ITEMS ARE		
																	SPLAYED ON		
																P	2C REPORTS		
					Ţ														
	Numb		ehicles S	tolen 0		er Vehi	cles Recovere Officer Sig		<u>0</u> е				Supervisor	Signatu	ıre				
ID	RAT	LIFF,	(15687)								RATLI	FF, K.	Ď. ((15687)					
	Complainant Signature Case Sta ☐ Furth															adition Declined			
Status							☐ Closed	tive /Clea	red			d by A	rrest rrest by Ano	Refuse ther Ag	ency	ooperate	Page 1		