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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2422824

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
06 | 27 | 2024 | 07:40 Hrs.

#1	Crime Incident(s) Autobreaking And Larceny	<input checked="" type="checkbox"/> Att <input type="checkbox"/> Com	At Found				<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> S	Last Known Secure			
			Month Day Yr Time	Month Day Yr Time	Month Day Yr Time	Month Day Yr Time					

#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 1530 University Ct, Winston-salem NC 27101				Offense Tract 221			
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#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type				Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family			
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MO How Attacked or Committed DATA OMITTED	Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
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# of Victims 1	Type <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown	Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major	Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
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VICTIM #1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1	DOB / Age 74	Race B	Sex M	Relationship To Offender IRU	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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Home Address DATA OMITTED	Home Phone
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Employer Name/Address DATA OMITTED	Business Phone
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VYR 2011	Make MERZ	Model C 300	Style 4D	Color BLK	Lic/Lis REM8645, NC	Vin WDDGF5EB8BR156263
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DATA OMITTED

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found
 (Check "OJ" column if recovered for other jurisdiction)

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
1	38	OTHE			1	FRONT PASSENGER WINDOW	MERCEDES	DATA OMITTED
1	PCA	TARG			1	2011 BLK, REM8645 NC	MERZ C 300	FOR
								INFORMATION
								SECURITY
								PURPOSES
								ONLY THE FIRST
								TWELVE PROPERTY
								ITEMS ARE
								DISPLAYED ON
								P2C REPORTS

Number of Vehicles Stolen **0** Number Vehicles Recovered **0**

Officer ALLEN, S. E. (15310)	Officer Signature MULLINS, B. H. (15079)
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Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	Case Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined
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Status