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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2422990**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**06 | 28 | 2024 | 12:16 Hrs.**

#1	Crime Incident(s) <b>Autobreaking And Larceny</b>	<input checked="" type="checkbox"/> Att	At Found	Month	Day	Yr	Time	S	M	T	W	T	F	S
		<input type="checkbox"/> Com	<b>06</b>	<b>28</b>	<b>2024</b>	<b>12:16</b>	Hrs							

Last Known Secure	Month	Day	Yr	Time	S	M	T	W	T	F	S
	<b>06</b>	<b>26</b>	<b>2024</b>	<b>21:00</b>	Hrs.						

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident	Offense Tract
		<input type="checkbox"/> Com	<b>1524 University Ct, Winston-salem NC 27101</b>	<b>221</b>

#3	Crime Incident	<input type="checkbox"/> Att	Premise Type	Victim Residence Type
		<input type="checkbox"/> Com		<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family

MO How Attacked or Committed <b>DATA OMITTED</b>	Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
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# of Victims <b>1</b>	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) <b>DATA OMITTED</b>	Victim of Crime # <b>1</b>	DOB / Age <b>61</b>	Race <b>B</b>	Sex <b>F</b>	Relationship To Offender <b>IRU</b>	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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Home Address <b>DATA OMITTED</b>	Home Phone
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Employer Name/Address <b>DATA OMITTED</b>	Business Phone
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VYR <b>2001</b>	Make <b>TOYT</b>	Model <b>CAMRY</b>	Style <b>4D</b>	Color <b>BLU/GRN</b>	Lic/Lis <b>HLJ8949, NC</b>	Vin <b>4T1BG22K01U810202</b>
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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
<b>1</b>	<b>38</b>	<b>OTHE</b>			<b>1</b>	<b>REAR PASSENGER WINDOW</b>	<b>TOYOTA/Camry</b>	<b>DATA OMITTED</b>
<b>1</b>	<b>PCA</b>	<b>TARG</b>			<b>1</b>	<b>2001 BLU/GRN HLJ8949 NC</b>	<b>TOYT Camry</b>	<b>FOR INFORMATION SECURITY PURPOSES</b>
								<b>ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS</b>

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

Officer <b>ALLEN, S. E. (15310)</b>	Officer Signature <b>PARKER, M. J. (15308)</b>
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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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