

I  
N  
C  
I  
D  
E  
N  
T  
D  
A  
T  
A

Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2423224**

ORI  
**NC NC 0340200**

Date / Time Reported  S  M  T  W  T  F  S  
 Month Day Yr Time  
**06 | 30 | 2024 | 03:36 Hrs.**

#1	Crime Incident(s) <b>Automobile Theft</b>	<input type="checkbox"/> Att	At Found	Month Day Yr Time	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Last Known Secure	Month Day Yr Time
		<input checked="" type="checkbox"/> Com	<b>06</b>	<b>30</b>   <b>2024</b>   <b>03:36</b>		<b>06</b>	<b>30</b>   <b>2024</b>   <b>03:35</b>

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident <b>1072 E Fifteenth St, Winston-salem NC 27105</b>			Offense Tract <b>222</b>
----	----------------	------------------------------	--	--	--	-----------------------------

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

MO How Attacked or Committed  
**DATA OMITTED**

Forcible  
 Yes  N/A  
 No

Weapon / Tools

V I C T I M # of Victims **1** Type  Person  Business  
 Society  Government  Financial Institute  
 Religious  L.E. Officer Line of Duty  Other/Unknown

Injury  None  Minor  Loss of Teeth  
 Broken Bones  Severe Lacerations  
 Internal  Unconscious  Other Major

Drug/Alcohol Use:  
 Yes  Unknown  
 No  N/A

V I C T I M #1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1,</b>	DOB / Age <b>37</b>	Race <b>B</b>	Sex <b>F</b>	Relationship To Offender <b>1FR</b>	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
----------------	---	--------------------------------	------------------------	------------------	-----------------	--	--

Home Address **DATA OMITTED** Home Phone

Employer Name/Address **DATA OMITTED** Business Phone

VYR <b>2019</b>	Make <b>CHEV</b>	Model <b>TRAVERSE</b>	Style <b>MP</b>	Color <b>BLK</b>	Lic/Lis <b>KHT7026, NC</b>	Vin <b>1GNERFKW0KJ256837</b>
--------------------	---------------------	--------------------------	--------------------	---------------------	-------------------------------	---------------------------------

O  
T  
H  
E  
R  
S  
  
I  
N  
V  
O  
L  
V  
E  
D

### 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>PCA</b>	<b>7,5</b>			<b>1</b>	<b>2019 BLK, KHT7026 NC</b>	<b>CHEV Traverse Ls</b>	<b>DATA OMITTED</b>
<b>1</b>	<b>PCA</b>	<b>5</b>			<b>1</b>	<b>2019 BLK, KHT7026 NC</b>	<b>CHEV Traverse Ls</b>	<b>FOR</b>
								<b>INFORMATION</b>
								<b>SECURITY</b>
								<b>PURPOSES</b>
								<b>ONLY THE FIRST</b>
								<b>TWELVE PROPERTY</b>
								<b>ITEMS ARE</b>
								<b>DISPLAYED ON</b>
								<b>P2C REPORTS</b>

Number of Vehicles Stolen **1** Number Vehicles Recovered **1**

Officer ID# <b>GEOGHEGAN, P. D. (16071)</b>	Officer Signature	Supervisor Signature <b>ALLEN, W. A. (15431)</b>
--	-------------------	---

Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input 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
-----------------------	--	---