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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2423371

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
07 | 01 | 2024 | 13:49 Hrs.

#1	Crime Incident(s) Autobreaking And Larceny	<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
		<input checked="" type="checkbox"/> Com	07	01	2024	07:00	07	01	2024	00:00	07	01	2024	00:00

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident 2026 N Cherry St, Winston-salem NC 27105										Offense Tract 112
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#3	Crime Incident	<input type="checkbox"/> Att	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 2	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 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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V I C T I M	#1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1,	DOB / Age 29	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	Make	Model	Style	Color	Lic/Lis	Vin
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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	20	7			1	MONEY/CASH	US CURRENCY	DATA OMITTED
1	25	7			1	WALLET		FOR
1	65	7			1	DRIVER'S LICENSE	NC	INFORMATION
1	65	7			1	IDENTIFICATION CARD	NC	SECURITY
1	65	7			1	COPY OF HIS BIRTH CERTIFICATE		PURPOSES
1	38	7			1	CAR SPEAKER		
1	77	7			1	FUSES		ONLY THE FIRST
1	36	7			1	TOOLS - POWER & HAND		TWELVE PROPERTY
1	09	7			1	CREDIT CARD	WELLS FARGO	ITEMS ARE
1	09	7			1	CREDIT CARD	CHIME	DISPLAYED ON
1	09	7			1	CREDIT CARD	CURRENT	P2C REPORTS
2	PCA	TARG			1	2003 SIL, TMR3988 NC	NISS Maxima	

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

Officer PENN, A. L. (15808)	ID#	Officer Signature	Supervisor Signature MATTISON, G. M. (15167)
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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