

I
N
C
I
D
E
N
T
I
F
I
C
A
T
I
O
N
N
U
M
B
E
R

Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2424321

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
07 | 08 | 2024 | 21:39 Hrs.

#1	Crime Incident(s) Autobreaking And Larceny	<input checked="" type="checkbox"/> Att	At Found	Month Day Yr Time	Last Known Secure	Month Day Yr Time
		<input type="checkbox"/> Com	07 08 2024 21:39 Hrs	07 08 2024 21:38 Hrs.		

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident		Offense Tract
		<input type="checkbox"/> Com	4446 Bonbrook Dr, Winston-salem NC 27106		123

#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
DATA OMITTED

Forcible
 Yes N/A No

Weapon / Tools

V I C T I M

# 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 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
--------------------------	---	---	---

V1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1,	DOB / Age 80	Race W	Sex M	Relationship To Offender IRU	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 1997	Make DODG	Model CARAVAN	Style	Color WHI	Lic/Lis TAK1093, NC	Vin 2B4GP2438VR329551
--------------------	---------------------	-------------------------	-------	---------------------	-------------------------------	---------------------------------

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
1	VAN	TARG			1	1997 WHI, TAK1093 NC	DODG Caravan	DATA OMITTED
								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 PENN, A. L. (15808)	Officer Signature CLARK, D. C. (15090)	Supervisor Signature
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

Status