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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2424361**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**07 | 09 | 2024 | 14:05 Hrs.**

#1	Crime Incident(s) <b>Autobreaking And Larceny</b>	<input type="checkbox"/> Att	At Found	Month Day Yr Time	Last Known Secure	Month Day Yr Time
		<input checked="" type="checkbox"/> Com	<b>07   09   2024   14:05 Hrs</b>	<b>07   09   2024   14:04 Hrs.</b>		

#2	Crime Incident <b>Vandalism</b>	<input type="checkbox"/> Att	Location of Incident <b>1211 E Twenty-fifth St, Winston-salem NC 27105</b>			Offense Tract <b>223</b>
		<input checked="" type="checkbox"/> Com				

#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 <b>2</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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V1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1,2</b>	DOB / Age <b>21</b>	Race <b>W</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 **DATA OMITTED** Home Phone

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

VYR <b>2016</b>	Make <b>NISS</b>	Model <b>PATHFINDE</b>	Style <b>MP</b>	Color <b>RED</b>	Lic/Lis <b>JHS1207, NC</b>	Vin <b>5NIAR2MN8GC634723</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
1	38	4			1	WINDOW	NISSAN/Window	DATA OMITTED
2	25	7			1	PURSES/HANDBAGS/WALLETS	BABY YODA/Bag	FOR
2	09	7			1	CREDIT/DEBIT CARDS	BANK	INFORMATION
2	65	7			1	PASSPORT	PASSPORT	SECURITY
2	20	7			1	MONEY/CASH	AMERICAN/Curre	PURPOSES
1	PCA	TARG			1	2016 RED, JHS1207 NC	NISS Pathfinder S	
								ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS

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

Officer <b>LANCASTER, A. W. (16169)</b>	Officer Signature	Supervisor Signature <b>COLLINS, A. B. (14763)</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	<b>Page 1</b>
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