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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2424397**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**07 | 09 | 2024 | 17:29 Hrs.**

|    |   |   |          |           |           |             |              |                   |           |           |             |              |
|----|---|---|----------|-----------|-----------|-------------|--------------|-------------------|-----------|-----------|-------------|--------------|
| #1 | Crime Incident(s)<br><b>Lost/stolen License Plate</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</b> | <b>09</b> | <b>2024</b> | <b>17:29</b> |                   | <b>07</b> | <b>09</b> | <b>2024</b> | <b>17:00</b> |

|    |                |                              |  |  |  |  |  |  |  |               |
|----|----------------|------------------------------|--|--|--|--|--|--|--|---------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident                         |  |  |  |  |  |  | Offense Tract |
|    |                | <input type="checkbox"/> Com | <b>117 Gloria Av, Winston-salem NC 27127</b> |  |  |  |  |  |  | <b>311</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  
**DATA OMITTED**

Forcible  
 Yes  N/A  No

Weapon / Tools

V I C T I M # of Victims: **0**

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)<br><b>DATA OMITTED</b> | Victim of Crime # | DOB / Age | Race | Sex | Relationship To Offender | Resident Status<br><input 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 | 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  |
|----------|------------|-------------|-------|----|----------|-----------------------------|--------------------|--|
|          | <b>PCA</b> | <b>TARG</b> |       |    | <b>1</b> | <b>2000 SIL, AFY5484 NC</b> | <b>HOND Accord</b> | <b>DATA OMITTED</b>  |
|          |            |             |       |    |          |                             |                    | <b>FOR INFORMATION SECURITY PURPOSES ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS</b> |

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

|   |                   |  |
|---|-------------------|--|
| Officer<br><b>WILKES, K. N. (15827)</b> | Officer Signature | Supervisor Signature<br><b>MCCARTHY, D. J. (15427)</b> |
|---|-------------------|--|

|                       |   |   |
|-----------------------|---|---|
| Complainant Signature | Case Status<br><input type="checkbox"/> Further Investigation<br><input type="checkbox"/> Inactive<br><input type="checkbox"/> Closed/Cleared<br><input checked="" type="checkbox"/> Closed/Leads Exhausted | Case Disposition:<br><input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined<br><input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate<br><input type="checkbox"/> Cleared by Arrest by Another Agency<br><input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined |
|-----------------------|---|---|