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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2425609

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
07 | 18 | 2024 | 20:44 Hrs.

#1	Crime Incident(s) Unauthorized Use Of Conveyance	<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"/> F <input type="checkbox"/> S	Last Known Secure	Month Day Yr Time	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> S
		<input checked="" type="checkbox"/> Com	Month Day Yr Time	07 18 2024 20:44 Hrs		Month Day Yr Time	07 18 2024 20:43 Hrs.	

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident 1450 Lumber Ln, Winston-salem NC 27127				Offense Tract 314
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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 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 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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V I C T I M	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1,	DOB / Age 47	Race W	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
	PCA	7			1	2015 BLK, KHE5533 NC	TOYT Corolla L	DATA OMITTED
								FOR INFORMATION SECURITY PURPOSES ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS

Number of Vehicles Stolen **1** Number Vehicles Recovered **0**

Officer DAVIS, C. L. (16178)	Officer Signature	Supervisor Signature BOYD, K. E. (15702)
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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
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Status