

I
N
C
I
D
E
N
T
D
A
T
A

Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2425666

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
07 | 19 | 2024 | 12:21 Hrs.

#1	Crime Incident(s) Automobile Theft	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 07 18 2024 19:30 Hrs	<input type="checkbox"/> Att	<input type="checkbox"/> Com	Last Known Secure Month Day Yr Time 07 16 2024 20:00 Hrs.
----	--	------------------------------	---	--	------------------------------	------------------------------	--

#2	Crime Incident	<input type="checkbox"/> Att	<input type="checkbox"/> Com	Location of Incident 325 Scotney Ct, Winston-salem NC 27127	Offense Tract 314
----	----------------	------------------------------	------------------------------	---	-----------------------------

#3	Crime Incident	<input type="checkbox"/> Att	<input type="checkbox"/> Com	Premise Type	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
----	----------------	------------------------------	------------------------------	--------------	---

MO How Attacked or Committed DATA OMITTED	Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
--	---	----------------

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

VICTIM	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1,	DOB / Age 42	Race B	Sex F	Relationship To Offender	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 2019	Make DODG	Model CHARGER	Style 4D	Color GRY	Lic/Lis JJY3535, NC	Vin 2C3CDXGJXKH647047
--------------------	---------------------	-------------------------	--------------------	---------------------	-------------------------------	---------------------------------

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	PCA	7			1	2019 GRY, JJY3535 NC	DODG Charger	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 RICHARDSON, S. G. (15580)	Officer Signature	Supervisor Signature COX, C. M. (15574)
---	-------------------	---

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	Page 1
-----------------------	---	---	---------------