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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2425977**

ORI  
**NC NC 0340200**

Date / Time Reported  S  M  T  W  T  F  S  
 Month Day Yr Time  
**07 | 21 | 2024 | 18:39 Hrs.**

#1	Crime Incident(s) <b>Autobreaking And Larceny</b>	<input type="checkbox"/> Att	At Found	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Last Known Secure
		<input checked="" type="checkbox"/> Com	Month Day Yr Time		Month Day Yr Time
			<b>07   21   2024   18:39 Hrs</b>		<b>07   21   2024   18:38 Hrs.</b>

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident	Offense Tract
		<input type="checkbox"/> Com	<b>3227 Old Vineyard Rd, Winston-salem NC 27103</b>	<b>322</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 # of Victims **1**

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

V1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1,</b>	DOB / Age <b>47</b>	Race <b>W</b>	Sex <b>M</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>2007</b>	Make <b>CHEV</b>	Model <b>COLORADO</b>	Style <b>PK</b>	Color <b>RED</b>	Lic/Lis <b>KKF9368, NC</b>	Vin <b>1GCCS199078164052</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
<b>1</b>	<b>20</b>	<b>7</b>			<b>1</b>	<b>U.S. CURRENCY</b>		<b>DATA OMITTED</b>
<b>1</b>	<b>13</b>	<b>7</b>			<b>1</b>	<b>(45) FIREARM</b>	<b>COLT/1911</b>	<b>FOR</b>
<b>1</b>	<b>PIC</b>	<b>TARG</b>			<b>1</b>	<b>2007 RED, KKF9368 NC</b>	<b>CHEV Colorado</b>	<b>INFORMATION</b>
								<b>SECURITY</b>
								<b>PURPOSES</b>
								<b>ONLY THE FIRST</b>
								<b>TWELVE PROPERTY</b>
								<b>ITEMS ARE</b>
								<b>DISPLAYED ON</b>
								<b>P2C REPORTS</b>

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

Officer <b>PERRELL, A. J. (16180)</b>	ID#	Officer Signature	Supervisor Signature <b>SOMERVILLE, T. J. (16036)</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
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**Status**