

INCIDENT REPORT

INCIDENT/INVESTIGATION REPORT

OCA 2434077	
Date / Time Reported	
Month	Day
09	23
Yr	
2024	
Time	
07:16 Hrs.	
Last Known Secure	
Month	Day
09	22
Yr	
2024	
Time	
21:00 Hrs.	

Agency Name WINSTON-SALEM POLICE
ORI NC NC 0340200

#1	Crime Incident(s) Autobreaking And Larceny	<input type="checkbox"/> Att	At Found	Month	Day	Yr	Time	S	M	T	W	T	F	S	
	<input checked="" type="checkbox"/> Com	09	23	2024	07:15										
	Hrs														
#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident											Offense Tract	
	<input type="checkbox"/> Com	2367 Bethabara Rd, Winston-salem NC 27106											123		
#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		

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 2	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
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V1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1,	DOB / Age 34	Race B	Sex M	Relationship To Offender	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 2013	Make HYUN	Model ELANTRA	Style 4S	Color TAN	Lic/Lis LBR4203, NC	Vin 5NPDH4AE5DH416081
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OTHERS INVOLVED

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	CAR WINDOW	HYUNDAI/Elantra	DATA OMITTED
1	25	7			1	WALLET	POLO	FOR
1	20	7			1	LOOSE BILLS	US CURRENCY	INFORMATION
1	65	7			1	SOCIAL SECURITY CARD	US	SECURITY
1	09	7			1	DEBIT CARD	SOPHIE	PURPOSES
1	38	4			1	STEERING COLUMN	HYUNDAI/Elantra	
2	20	7			1	LOOSE CHANGE	US CURRENCY	ONLY THE FIRST
2	77	7			1	ZEBRA PRINT BAG		TWELVE PROPERTY
2	38	4			1	VEHICLE WINDOW	KIA/Soul	ITEMS ARE
2	38	4			1	STEERING COLUMN	KIA/Soul	DISPLAYED ON
1	PCA	TARG			1	2013 TAN, LBR4203 NC	HYUN Elantra	P2C REPORTS
1	PCA	TARG			1	2010 RED, JLY4090 NC	KIA Soul	

Number of Vehicles Stolen 0	Number Vehicles Recovered 0
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Officer SAIN, C. J. (16348)	ID#	Officer Signature	Supervisor Signature BOGER, J. C. (14943)
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