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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2436529**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**10 | 11 | 2024 | 06:11 Hrs.**

#1	Crime Incident(s) <b>Vandalism</b>	<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"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S
		<input checked="" type="checkbox"/> Com	<b>10</b>	<b>11</b>	<b>2024</b>	<b>06</b>	<b>11</b>				
			Last Known Secure			Month	Day	Yr	Time		
			<b>10</b>	<b>11</b>	<b>2024</b>	<b>06</b>	<b>10</b>				

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident							Offense Tract
		<input type="checkbox"/> Com	<b>516 W First St, Winston-salem NC 27101</b>							<b>411</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

VICTIM #1

Victim/Business Name (Last, First, Middle)  
**DATA OMITTED**

Victim of Crime # **1,** DOB / Age **51** Race **B** Sex **M**

Relationship To Offender

Resident Status  
 Resident  Non-Resident  Unknown

Home Address **DATA OMITTED** Home Phone

Employer Name/Address **DATA OMITTED** Business Phone

VYR <b>2019</b>	Make <b>NISS</b>	Model <b>SENTRA S SV</b>	Style <b>PCAR</b>	Color <b>GRY</b>	Lic/Lis <b>RBA1614, NC</b>	Vin <b>3NIAB7APIKY306168</b>
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**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>03</b>	<b>4</b>			<b>1</b>	<b>HOOD AND SIDE PANEL</b>	<b>NISSAN/Sentra</b>	<b>DATA OMITTED</b>
<b>1</b>	<b>PCA</b>	<b>TARG</b>			<b>1</b>	<b>2019 GRY, RBA1614 NC</b>	<b>NISS Sentra S Sv</b>	<b>FOR INFORMATION SECURITY PURPOSES</b>
								<b>ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS</b>

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

Officer <b>SEREIKA, A. J. (16078)</b>	ID#	Officer Signature	Supervisor Signature <b>WHELAN, L. T. (15232)</b>
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Complainant Signature	Case Status	Case Disposition:	
	<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined	
	<input type="checkbox"/> Inactive	<input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate	
	<input type="checkbox"/> Closed/Cleared	<input type="checkbox"/> Cleared by Arrest by Another Agency	
	<input type="checkbox"/> Closed/Leads Exhausted	<input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined	