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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2436928**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**10 | 14 | 2024 | 10:13 Hrs.**

|    |   |                              |                                   |   |  |
|----|---|------------------------------|-----------------------------------|---|--|
| #1 | Crime Incident(s)<br><b>Larceny From Auto</b> | <input type="checkbox"/> Att | At Found<br>Month Day Yr Time     | <input checked="" type="checkbox"/> Com | Last Known Secure<br>Month Day Yr Time |
|    |   |                              | <b>09   30   2024   00:00 Hrs</b> |   | <b>06   01   2024   00:00 Hrs.</b>     |

|    |                |                              |  |                             |
|----|----------------|------------------------------|--|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident<br><b>5560 Shattalon Dr, Winston-salem NC 27106</b> | Offense Tract<br><b>123</b> |
|----|----------------|------------------------------|--|-----------------------------|

|    |                |                              |              |   |
|----|----------------|------------------------------|--------------|---|
| #3 | Crime Incident | <input type="checkbox"/> Att | Premise Type | Victim Residence Type<br><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 I C T I M # 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

V I C T I M V1 Victim/Business Name (Last, First, Middle)  
**DATA OMITTED**

Victim of Crime # **1,** DOB / Age **88** Race **W** Sex **M** Relationship To Offender **IRU** Resident Status  
 Resident  
 Non-Resident  
 Unknown

Home Address **DATA OMITTED** Home Phone

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

|                    |                     |                         |                    |                     |                               |                                 |
|--------------------|---------------------|-------------------------|--------------------|---------------------|-------------------------------|---------------------------------|
| VYR<br><b>1998</b> | Make<br><b>BUIC</b> | Model<br><b>LESABRE</b> | Style<br><b>4D</b> | Color<br><b>SIL</b> | Lic/Lis<br><b>TFY3708, NC</b> | Vin<br><b>1G4HR52K2WH417131</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>38</b>  | <b>7</b>    |       |    | <b>1</b> | <b>BATTERY</b>              | <b>BUICK/Lesabre</b> | <b>DATA OMITTED</b>    |
| <b>1</b> | <b>38</b>  | <b>7</b>    |       |    | <b>1</b> | <b>LICENSE PLATE</b>        | <b>NC</b>            | <b>FOR</b>             |
| <b>1</b> | <b>PCA</b> | <b>TARG</b> |       |    | <b>1</b> | <b>1998 SIL, TFY3708 NC</b> | <b>BUIC Lesabre</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<br><b>ALLEN, S. E. (15310)</b> | ID# | Officer Signature | Supervisor Signature<br><b>HORSLEY, S. A. (14880)</b> |
|--|-----|-------------------|---|

|                       |   |   |               |
|-----------------------|---|---|---------------|
| Complainant Signature | Case Status<br><input type="checkbox"/> Further Investigation<br><input checked="" type="checkbox"/> Inactive<br><input type="checkbox"/> Closed/Cleared<br><input type="checkbox"/> Closed/Leads Exhausted | Case Disposition:<br><input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined<br><input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate<br><input type="checkbox"/> Cleared by Arrest by Another Agency<br><input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined | <b>Page 1</b> |
|-----------------------|---|---|---------------|

**Status**