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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2438928

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
10 | 28 | 2024 | 12:05 Hrs.

| | | | | | | |
|----|---------------------------------------|---|-------------------------------|-------------------------------|-------------------------------|-------------------|
| #1 | Crime Incident(s) Vandalism | <input type="checkbox"/> Att | At Found | Month Day Yr Time | Last Known Secure | Month Day Yr Time |
| | | <input checked="" type="checkbox"/> Com | 10 28 2024 12:05 | 10 28 2024 12:05 | 10 28 2024 12:04 | Hrs. |

| | | | | | | |
|----|----------------|------------------------------|---|--|--|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident 699 Jonestown Rd/kester Mill Rd, Winston-salem | | | Offense Tract 323 |
|----|----------------|------------------------------|---|--|--|-----------------------------|

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

MO How Attacked or Committed
DATA OMITTED

Forcible Yes N/A
 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 45 | 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 2016 | Make FORD | Model TAURUS | Style 4D | Color GRY | Lic/Lis , NC | Vin 1FAHP2F80GG109847 |
|--------------------|---------------------|------------------------|--------------------|---------------------|------------------------|---------------------------------|

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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 |
|----------|------------|-------------|-------|----|----------|-------------------------------------|--------------------|------------------------|
| 1 | 38 | 4 | | | 1 | RIGHT FRONT PASSENGER WINDOW | | DATA OMITTED |
| 1 | PCA | TARG | | | 1 | 2016 GRY, NC | FORD Taurus | FOR |
| | | | | | | | | INFORMATION |
| | | | | | | | | SECURITY |
| | | | | | | | | PURPOSES |
| | | | | | | | | ONLY THE FIRST |
| | | | | | | | | TWELVE PROPERTY |
| | | | | | | | | ITEMS ARE |
| | | | | | | | | DISPLAYED ON |
| | | | | | | | | P2C REPORTS |

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

| | | |
|--|-------------------|---|
| Officer DAWKINS, C. J. (15385) | Officer Signature | Supervisor Signature MCKAUGHAN, A. M. (14884) |
|--|-------------------|---|

| | | | |
|-----------------------|--|---|---------------|
| Complainant Signature | Case Status <input type="checkbox"/> Further Investigation <input 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 |
|-----------------------|--|---|---------------|