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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2438946**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**10 | 29 | 2024 | 14:31** Hrs.

#1	Crime Incident(s) <b>Autobreaking And Larceny</b>	<input checked="" type="checkbox"/> Att	At Found	Month	Day	Yr	Time	S	M	T	W	T	F	S
		<input type="checkbox"/> Com	<b>10</b>	<b>29</b>	<b>2024</b>	<b>14:00</b>	Hrs	<b>10</b>	<b>28</b>	<b>2024</b>	<b>21:00</b>	Hrs.		

#2	Crime Incident <b>Vandalism</b>	<input type="checkbox"/> Att	Location of Incident <b>3027 Northwood Dr, Winston-salem NC 27106</b>										Offense Tract <b>113</b>
		<input checked="" type="checkbox"/> Com											

#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 I C T I M

# of Victims <b>1</b>	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) <b>DATA OMITTED</b>	Victim of Crime # <b>1,2</b>	DOB / Age <b>24</b>	Race <b>B</b>	Sex <b>F</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>2003</b>	Make <b>HYUN</b>	Model <b>ACCENT</b>	Style <b>4D</b>	Color <b>GRN</b>	Lic/Lis	Vin <b>KMHCG45C23U425778</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>38</b>	<b>4</b>			<b>1</b>	<b>STEERING COLUMN</b>		<b>DATA OMITTED</b>
<b>1</b>	<b>PCA</b>	<b>TARG</b>			<b>1</b>	<b>2003 GRN,</b>	<b>HYUN Accent</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>PENN, A. L. (15808)</b>	ID#	Officer Signature	Supervisor Signature <b>MATTISON, G. M. (15167)</b>
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

**Status**