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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2439208**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**10 | 31 | 2024 | 12:14 Hrs.**

|    |                                                |                                         |           |                   |                            |                            |                            |                            |                             |                            |                            |
|----|------------------------------------------------|-----------------------------------------|-----------|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|
| #1 | Crime Incident(s)<br><b>Larceny- All Other</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"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> S |
|    |                                                | <input checked="" type="checkbox"/> Com | <b>10</b> | <b>31</b>         | <b>2024</b>                | <b>12:14</b>               |                            |                            |                             |                            |                            |

|                   |       |     |    |      |                            |                            |                            |                            |                             |                            |                            |
|-------------------|-------|-----|----|------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|
| Last Known Secure | Month | Day | Yr | Time | <input type="checkbox"/> S | <input type="checkbox"/> M | <input type="checkbox"/> T | <input type="checkbox"/> W | <input type="checkbox"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> S |
|                   |       |     |    |      | <b>10</b>                  | <b>31</b>                  | <b>2024</b>                | <b>12:13</b>               |                             |                            |                            |

|    |                |                              |                                                |  |  |  |  |  |  |               |
|----|----------------|------------------------------|------------------------------------------------|--|--|--|--|--|--|---------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident                           |  |  |  |  |  |  | Offense Tract |
|    |                | <input type="checkbox"/> Com | <b>3938 Harwood St, Winston-salem NC 27105</b> |  |  |  |  |  |  | <b>122</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<br><b>DATA OMITTED</b> | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> N/A | Weapon / Tools |
|    |                                                  | <input type="checkbox"/> No  |                                         |                |

|                          |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                      |  |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| # of Victims<br><b>1</b> | Type<br><input checked="" type="checkbox"/> Person <input type="checkbox"/> Business<br><input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute<br><input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown | Injury<br><input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth<br><input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations<br><input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major | Drug/Alcohol Use:                                                                                                                    |  |
|                          |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |  |

|        |   |                                                                   |                                |                        |                  |                 |                                        |                                                                                                                           |  |
|--------|---|-------------------------------------------------------------------|--------------------------------|------------------------|------------------|-----------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|
| VICTIM | # | Victim/Business Name (Last, First, Middle)<br><b>DATA OMITTED</b> | Victim of Crime #<br><b>1,</b> | DOB / Age<br><b>33</b> | Race<br><b>W</b> | Sex<br><b>F</b> | Relationship To Offender<br><b>IRU</b> | Resident Status                                                                                                           |  |
|        |   |                                                                   |                                |                        |                  |                 |                                        | <input checked="" type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><input type="checkbox"/> Unknown |  |

|                                     |            |
|-------------------------------------|------------|
| Home Address<br><b>DATA OMITTED</b> | Home Phone |
|-------------------------------------|------------|

|                                              |                |
|----------------------------------------------|----------------|
| Employer Name/Address<br><b>DATA OMITTED</b> | Business Phone |
|----------------------------------------------|----------------|

|     |      |       |       |       |         |     |
|-----|------|-------|-------|-------|---------|-----|
| VYR | Make | Model | Style | Color | Lic/Lis | Vin |
|-----|------|-------|-------|-------|---------|-----|

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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>23</b> | <b>7</b> |       |    | <b>1</b> | <b>CELLPHONE</b>     | <b>SMART</b> | <b>DATA OMITTED</b>                                                                                        |
|          |           |          |       |    |          |                      |              | <b>FOR INFORMATION SECURITY PURPOSES ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS</b> |

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

|                                       |     |                   |                                                     |
|---------------------------------------|-----|-------------------|-----------------------------------------------------|
| Officer<br><b>PENN, A. L. (15808)</b> | ID# | Officer Signature | Supervisor Signature<br><b>BOGER, J. C. (14943)</b> |
|---------------------------------------|-----|-------------------|-----------------------------------------------------|

|                       |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                          |  |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Complainant Signature | Case Status                                                                                                                                                                                  | Case Disposition:                                                                                                                                                                                                                                                                                                                                                        |  |
|                       | <input type="checkbox"/> Further Investigation<br><input checked="" type="checkbox"/> Inactive<br><input type="checkbox"/> Closed/Cleared<br><input type="checkbox"/> Closed/Leads Exhausted | <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 |  |