

I  
N  
C  
I  
D  
E  
N  
T  
D  
A  
T  
A

Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2440393**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**11 | 08 | 2024 | 23:25 Hrs.**

#1	Crime Incident(s) <b>Unauthorized Use Of Conveyance</b>	<input type="checkbox"/> Att	At Found Month Day Yr Time	<input checked="" type="checkbox"/> Com	<b>11   08   2024   23:25 Hrs.</b>	<input type="checkbox"/> Att	Last Known Secure Month Day Yr Time	<b>11   08   2024   23:24 Hrs.</b>
----	--	------------------------------	-------------------------------	---	------------------------------------	------------------------------	--	------------------------------------

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident <b>331 Methodist Dr, Winston-salem NC 27105</b>			Offense Tract <b>121</b>
----	----------------	------------------------------	---	--	--	-----------------------------

#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 <b>DATA OMITTED</b>	Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
--	---	----------------

# 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 checked="" 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
--------------------------	---	--	---

V I C T I M	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1,</b>	DOB / Age <b>43</b>	Race <b>W</b>	Sex <b>F</b>	Relationship To Offender <b>IPA</b>	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
----------------------------	---	--------------------------------	------------------------	------------------	-----------------	--	--

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

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

VYR <b>2012</b>	Make <b>ACUR</b>	Model <b>TSX</b>	Style <b>4S</b>	Color <b>WHI</b>	Lic/Lis <b>VEE7472, NC</b>	Vin <b>JH4CU2F4XCC004209</b>
--------------------	---------------------	---------------------	--------------------	---------------------	-------------------------------	---------------------------------

O  
T  
H  
E  
R  
S  
  
I  
N  
V  
O  
L  
V  
E  
D

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>PCA</b>	<b>7,5</b>			<b>1</b>	<b>2012 WHI, VEE7472 NC</b>	<b>ACUR Txx</b>	<b>DATA OMITTED</b>
<b>1</b>	<b>PCA</b>	<b>5</b>			<b>1</b>	<b>2012 WHI, VEE7472 NC</b>	<b>ACUR Txx</b>	<b>FOR</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 **1**      Number Vehicles Recovered **1**

Officer <b>LY, P. A. (15929)</b>	ID#	Officer Signature	Supervisor Signature <b>BRUNER, K. M. (15921)</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
-----------------------	---	---