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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2440565**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**11 | 10 | 2024 | 10:58 Hrs.**

#1	Crime Incident(s) <b>Automobile Theft</b>	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>11   10   2024   02:30 Hrs</b>	Last Known Secure Month Day Yr Time <b>11   10   2024   02:30 Hrs</b>
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#2	Crime Incident <b>Vandalism</b>	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	Location of Incident <b>871 Pecan Av, Winston-salem NC 27284</b>	Offense Tract <b>214</b>
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#3	Crime Incident	<input type="checkbox"/> Att	<input type="checkbox"/> Com	Premise Type	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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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>32</b>	Race <b>B</b>	Sex <b>M</b>	Relationship To Offender	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>2016</b>	Make <b>DODG</b>	Model <b>CHARGER</b>	Style <b>4S</b>	Color <b>GRY</b>	Lic/Lis <b>JLN4782, NC</b>	Vin <b>2C3CDXL95GH178534</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
1	13	7			1	(9MM) HECKLER & KOCH 9MM HANDGUN	HECKLER &	DATA OMITTED
1	38	4			1	RIGHT REAR WINDOW	DODGE/Charger	FOR
1	38	4			1	REAR VIEW MIRROR	DODGE/Charger	INFORMATION
1	PCA	5,7			1	2016 GRY, JLN4782 NC	DODG Charger	SECURITY
1	PCA	7			1	2016 GRY, JLN4782 NC	DODG Charger	PURPOSES
ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS								

Number of Vehicles Stolen **1** Number Vehicles Recovered **1**

Officer <b>ALLRED, L. C. (16044)</b>	Officer Signature	Supervisor Signature <b>GEDDINGS, H. L. (14851)</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