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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2442021

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
11 | 21 | 2024 | 11:42 Hrs.

| | | | | | | |
|----|--|---|--|--|---|--|
| #1 | Crime Incident(s) Autobreaking And Larceny | <input checked="" type="checkbox"/> Att <input type="checkbox"/> Com | At Found Month Day Yr Time 11 21 2024 10:30 Hrs | <input type="checkbox"/> Att <input type="checkbox"/> Com | Location of Incident 628 E Sprague St, Winston-salem NC 27107 | Last Known Secure Month Day Yr Time 11 21 2024 10:30 Hrs. |
|----|--|---|--|--|---|--|

| | | | | | |
|----|----------------|--|---|--|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att <input type="checkbox"/> Com | Location of Incident 628 E Sprague St, Winston-salem NC 27107 | <input type="checkbox"/> Att <input type="checkbox"/> Com | Offense Tract 212 |
|----|----------------|--|---|--|-----------------------------|

| | | | | | |
|----|----------------|--|--------------|--|---|
| #3 | Crime Incident | <input type="checkbox"/> Att <input type="checkbox"/> Com | Premise Type | <input type="checkbox"/> Att <input type="checkbox"/> Com | 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

V I C T I M # of Victims **1**

Type Person Business
 Society Government Financial Institute
 Religious L.E. Officer Line of Duty Other/Unknown

Injury None Minor Loss of Teeth
 Broken Bones Severe Lacerations
 Internal Unconscious Other Major

Drug/Alcohol Use:
 Yes Unknown
 No N/A

V I C T I M V1 Victim/Business Name (Last, First, Middle)
DATA OMITTED

Victim of Crime # **1,** DOB / Age **57** Race **W** Sex **F** Relationship To Offender **IRU** Resident Status
 Resident
 Non-Resident
 Unknown

Home Address **DATA OMITTED** Home Phone

Employer Name/Address **DATA OMITTED** Business Phone

| | | | | | | |
|--------------------|---------------------|------------------------|--------------------|---------------------|-------------------------------|---------------------------------|
| VYR 1997 | Make CHEV | Model LUMINA | Style 4D | Color LBL | Lic/Lis TJY3268, NC | Vin 2G1WL52M8V9134209 |
|--------------------|---------------------|------------------------|--------------------|---------------------|-------------------------------|---------------------------------|

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DATA OMITTED

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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 |
|----------|------------|-------------|-------|----|----------|-----------------------------|--------------------|--|
| 1 | PCA | TARG | | | 1 | 1997 LBL, TJY3268 NC | CHEV Lumina | DATA OMITTED |
| | | | | | | | | 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 PENN, A. L. (15808) | ID# | Officer Signature | Supervisor Signature COLLINS, A. B. (14763) |
|---------------------------------------|-----|-------------------|---|

| | | | |
|-----------------------|---|---|---------------|
| 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 | Page 1 |
|-----------------------|---|---|---------------|