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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2443173

ORI
NC NC 0340200

Date / Time Reported
 Month | Day | Yr | Time
11 | 30 | 2024 | 14:31 Hrs.

| | | | | | | | | | | | | |
|----|--|---|----------|-----------|-----------|-------------|--------------|-------------------|-----------|-----------|-------------|--------------|
| #1 | Crime Incident(s) Autobreaking And Larceny | <input type="checkbox"/> Att | At Found | Month | Day | Yr | Time | Last Known Secure | Month | Day | Yr | Time |
| | | <input checked="" type="checkbox"/> Com | | 11 | 30 | 2024 | 11:30 | | 11 | 30 | 2024 | 01:30 |

| | | | | | | | | | | |
|----|----------------|------------------------------|---|--|--|--|--|--|--|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident 5308 Ironwood Dr, Winston-salem NC 27127 | | | | | | | Offense Tract 313 |
|----|----------------|------------------------------|---|--|--|--|--|--|--|-----------------------------|

| | | | | | | | | | | |
|----|----------------|------------------------------|--------------|--|--|--|--|--|--|---|
| #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
DATA OMITTED

Forcible Yes N/A
 No

Weapon / Tools

V # 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

| | | | | | | | |
|----|---|--------------------------------|------------------------|------------------|-----------------|--|--|
| V1 | Victim/Business Name (Last, First, Middle) DATA OMITTED | Victim of Crime # 1, | DOB / Age 25 | Race W | Sex M | Relationship To Offender IRU | Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown |
|----|---|--------------------------------|------------------------|------------------|-----------------|--|--|

Home Address **DATA OMITTED** Home Phone

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

| | | | | | | |
|--------------------|---------------------|--------------------------|--------------------|---------------------|-------------------------------|---------------------------------|
| VYR 2017 | Make TOYT | Model RAV4 XLE | Style MP | Color BLK | Lic/Lis HCF6691, NC | Vin 2T3WFREV3HW354152 |
|--------------------|---------------------|--------------------------|--------------------|---------------------|-------------------------------|---------------------------------|

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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) FIREARMS/AMMUNITION | SMITH AND | DATA OMITTED |
| 1 | PSU | TARG | | | 1 | 2017 BLK, HCF6691 NC | TOYT Rav4 Xle | FOR |
| | PIC | OTHE | | | 1 | 2020 BLK, RJM5308 NC | RAM 1500 Rebel | INFORMATION |
| | | | | | | | | SECURITY |
| | | | | | | | | PURPOSES |
| | | | | | | | | ONLY THE FIRST |
| | | | | | | | | TWELVE PROPERTY |
| | | | | | | | | ITEMS ARE |
| | | | | | | | | DISPLAYED ON |
| | | | | | | | | P2C REPORTS |

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

| | | |
|--|-------------------|---|
| Officer GAMBILL, C. S. (16360) | Officer Signature | Supervisor Signature MCKAUGHAN, A. M. (14884) |
|--|-------------------|---|

| | | |
|-----------------------|---|---|
| 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 |
|-----------------------|---|---|