| I N | Agency Name WINSTON-SALEM POLICE | | | INCIDENT/INVESTIGATION | | | | | | OCA 2443348 | | | | |
|-----------------------|---|-----------------------------------|-------------|---------------------------|--|---------|----------------|-------------------|----------------------------------|-----------------|---|-----------------|--------------------------|--|
| C I | ORI | | | | REPORT X Att At Found S M T W T F S Month Day Yr Time | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | | | 12 02 2024 07:25 Hrs. Last Known Secure S M T M T F S Month Day Yr Time | | | |
| N T | #1 Autobreaking And | d Larceny | | X At | Mo | onth | | | ime :00 Hrs | Mont | | ay Yr - | Time $17:00$ Hrs. | |
| D . | #2 Crime Incident | Larceny | | ☐ At | + + 1 | | of Incident | 4 1/ | .00 1115 | 12 | 10 | | Offense Tract | |
| A | | Com 3332 York Rd, Winston-salem N | | | | | | C 27. | 27106 324 Victim Residence Type | | | | | |
| T A | #3 Crime Incident | | | | ☐ Att Premise Type ☐ Com | | | | | | ☐ Single Family ☐ Multi Family | | | |
| МО | How Attacked or Committed DATA OMITTED | Forcible ☐ Yes ☐ No | | | | | ☐ Yes ☐ | Weapon / Tools | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | |
| V | 1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major | | | | | | | | | | | | | |
| I | Victim/Business Name (Last, First, Middle) Victim of DOB / Age | | | | | | | | Race | Sex | Relationship | Resident Status | | |
| C T | V1 DATA OMITTED | | | | Crime # | | | | 47 | | | To Offender | | |
| I M | | | | | | | 1, | | | В | M | 1RU | Unknown | |
| | Home Address DATA OMI | | | | ГТЕD | | | | | Home Phone | | | | |
| , | Employer Name/Address DATA OMIT | | | | ГТЕО | | | | | Business Phone | | | | |
| , | VYR Make Model Style Color 2016 HOND ODYSSESY VAN BUR | | | | Lic/Lis | | | | | NRL5H38GB095509 | | | | |
| | | . , , | | | | | | | | | | | | |
| О | | | | | | | | | | | | | | |
| T H | | | | | | | | | | | | | | |
| E | DATA OMITTED | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| I N | | | | | | | | | | | | | | |
| V | | | | | | | | | | | | | | |
| O L | | | | | | | | | | | | | | |
| V E | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Status Codes | L = Lost S = Stolen R = Recovered I (Check "OJ" column if recovered for other | D = Damaged r jurisdiction) | Z = Seized | $\mathbf{B} = \mathbf{B}$ | urned | C = Cc | ounterfeit / F | Forged | F = Found | l | | | | |
| | Victim # DCI Status Value OJ QTY | | | | Property Description | | | | | Mak | e/Mo | del Se | rial Number | |
| | 11 OTHE | | CRACK PIPE | | | | | | | | | | TA OMITTED | |
| P - | 1 PCA TARG | 1 2 | 2016 BUR , | 585C | FB I | N | | | I. | HOND | Odyss | | FOR FORMATION | |
| | - - | | | | | | | | | | | | SECURITY | |
| R O | | | | | | | | | | | | | PURPOSES | |
| Р [.] Е . | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | LY THE FIRST | |
| T Y | | | | | | | | | | | | | VE PROPERTY ITEMS ARE | |
| - | | | | | | | | | | | | | SPLAYED ON | |
| | | | | | | | | | | | | P | 2C REPORTS | |
| - | Number of Vehicles Stale: | Number W-1 | alas Dass | 1 ^ | | | | | | | | | | |
| | Number of Vehicles Stolen 0 Officer ID# | Number Vehic | Officer Sig | - | | | | Т | Supervisor | | | | | |
| ID | CAIN, O. L. (14918) | Case Status | | | Т | Coas D' | | | | | <i>1.</i> (15721) | | | |
| | Fur | | | | Investigation Unfounded Located | | | | | | | □ Extr | adition Declined | |
| Status | | | | | | | | | Refuse to Cooperate other Agency | | | | | |
| | | | Closed | | | sted | | | nder 🗖 | | | Declined | Page 1 | |