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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2443905**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**12 | 05 | 2024 | 16:00 Hrs.**

|    |                                       |                              |   |  |   |
|----|---------------------------------------|------------------------------|---|--|---|
| #1 | Crime Incident(s)<br><b>Vandalism</b> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | At Found<br>Month Day Yr Time<br><b>11   21   2024   06:02 Hrs</b> | Last Known Secure<br>Month Day Yr Time<br><b>11   21   2024   06:02 Hrs</b> |
|----|---------------------------------------|------------------------------|---|--|---|

|    |                |                              |                              |   |                             |
|----|----------------|------------------------------|------------------------------|---|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Location of Incident<br><b>531 Akron Dr, Winston-salem NC 27105</b> | Offense Tract<br><b>122</b> |
|----|----------------|------------------------------|------------------------------|---|-----------------------------|

|    |                |                              |                              |              |   |
|----|----------------|------------------------------|------------------------------|--------------|---|
| #3 | Crime Incident | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Premise Type | Victim Residence Type<br><input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family |
|----|----------------|------------------------------|------------------------------|--------------|---|

|  |   |                |
|--|---|----------------|
| MO<br>How Attacked or Committed<br><b>DATA OMITTED</b> | Forcible<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> No | Weapon / Tools |
|--|---|----------------|

|                          |   |   |   |
|--------------------------|---|---|---|
| # of Victims<br><b>1</b> | Type<br><input checked="" type="checkbox"/> Person <input type="checkbox"/> Business<br><input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute<br><input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown | Injury<br><input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth<br><input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations<br><input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major | Drug/Alcohol Use:<br><input type="checkbox"/> Yes <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
|--------------------------|---|---|---|

|                            |   |                                |                        |                  |                 |  |  |
|----------------------------|---|--------------------------------|------------------------|------------------|-----------------|--|--|
| V<br>I<br>C<br>T<br>I<br>M | Victim/Business Name (Last, First, Middle)<br><b>DATA OMITTED</b> | Victim of Crime #<br><b>1,</b> | DOB / Age<br><b>48</b> | Race<br><b>B</b> | Sex<br><b>M</b> | Relationship To Offender<br><b>IRU</b> | Resident Status<br><input checked="" type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><input type="checkbox"/> Unknown |
|----------------------------|---|--------------------------------|------------------------|------------------|-----------------|--|--|

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

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

|                    |                    |                         |                     |                     |                               |                                 |
|--------------------|--------------------|-------------------------|---------------------|---------------------|-------------------------------|---------------------------------|
| VYR<br><b>2012</b> | Make<br><b>KIA</b> | Model<br><b>SORENTO</b> | Style<br><b>SUV</b> | Color<br><b>GRY</b> | Lic/Lis<br><b>FHV4506, NC</b> | Vin<br><b>5XYKT3A61CG232318</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  |
|----------|------------|-------------|-------|----|----------|-----------------------------|-------------------------|--|
| <b>1</b> | <b>38</b>  | <b>4</b>    |       |    | <b>1</b> | <b>VEHICLE PAINT</b>        |                         | <b>DATA OMITTED</b>  |
| <b>1</b> | <b>PSU</b> | <b>TARG</b> |       |    | <b>1</b> | <b>2012 GRY, FHV4506 NC</b> | <b>KIA Sorento Base</b> | <b>FOR INFORMATION SECURITY PURPOSES</b>                                 |
|          |            |             |       |    |          |                             |                         | <b>ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS</b> |

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

|                                       |     |                   |  |
|---------------------------------------|-----|-------------------|--|
| Officer<br><b>PENN, A. L. (15808)</b> | ID# | Officer Signature | Supervisor Signature<br><b>MATTISON, G. M. (15167)</b> |
|---------------------------------------|-----|-------------------|--|

|                       |   |   |
|-----------------------|---|---|
| Complainant Signature | Case Status<br><input type="checkbox"/> Further Investigation<br><input checked="" type="checkbox"/> Inactive<br><input type="checkbox"/> Closed/Cleared<br><input type="checkbox"/> Closed/Leads Exhausted | Case Disposition:<br><input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined<br><input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate<br><input type="checkbox"/> Cleared by Arrest by Another Agency<br><input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined |
|-----------------------|---|---|

**Status**