

INCIDENT REPORT

INCIDENT/INVESTIGATION REPORT

OCA	2446166
Date / Time Reported	S M T W T F S
Month Day Yr Time	
12 24 2024 13:23 Hrs.	
Last Known Secure	S M T W T F S
Month Day Yr Time	
12 24 2024 10:00 Hrs.	

Agency Name	WINSTON-SALEM POLICE
ORI	NC NC 0340200

#1	Crime Incident(s) <i>Autobreaking And Larceny</i>	<input type="checkbox"/> Att	At Found	Month Day Yr Time	S M T W T F S	Last Known Secure	Month Day Yr Time	S M T W T F S	
		<input checked="" type="checkbox"/> Com		12 24 2024 13:15 Hrs			12 24 2024 10:00 Hrs.		
#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident				Offense Tract		
		<input type="checkbox"/> Com	3935 Westpoint Bv, Winston-salem NC 27103				323		
#3	Crime Incident	<input type="checkbox"/> Att	Premise Type				Victim Residence Type		
		<input type="checkbox"/> Com					<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family		

MO How Attacked or Committed DATA OMITTED	Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
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# of Victims	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 checked="" 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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VICTIM	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
		I,	55	U	U	IRU	<input checked="" type="checkbox"/> Non-Resident <input type="checkbox"/> Resident <input type="checkbox"/> Unknown

Home Address DATA OMITTED	Home Phone
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Employer Name/Address DATA OMITTED	Business Phone
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VYR	Make	Model	Style	Color	Lic/Lis	Vin
2019		TRAILER	OT	WHI	05932Y, NV	4YMB C1214KR004902

OTHERS INVOLVED

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	77	4			1	OTHER	MASTER/Lock	DATA OMITTED
1	07	7			1	COMPUTER HARDWARE/SOFTWARE	LENOVO/Laptop	FOR
1	36	7			1	TOOLS - POWER & HAND	VARIOUS	INFORMATION
1	13	7			1	(45) FIREARMS/AMMUNITION	FEDERAL/Hollow	SECURITY
1	13	7			1	(45) FIREARMS/AMMUNITION	FEDERAL/Target	PURPOSES
1	TRA	TARG			1	2019 WHI, 05932Y NV	Trailer	
								ONLY THE FIRST
								TWELVE PROPERTY
								ITEMS ARE
								DISPLAYED ON
								P2C REPORTS

Number of Vehicles Stolen 0 Number Vehicles Recovered 0

Officer ID#	Officer Signature	Supervisor Signature
GAMBILL, C. S. (16360)		LANGDON, S. L. (15223)
Complainant Signature	Case Status	Case Disposition:
	<input type="checkbox"/> Further Investigation <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	<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