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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2483272**

ORI  
**NC NC 0340200**

Date / Time Reported  S  M  T  W  T  F  S  
 Month Day Yr Time  
**09 | 22 | 2024 | 12:52 Hrs.**

|    |                                       |   |                                   |   |   |                                    |
|----|---------------------------------------|---|-----------------------------------|---|---|------------------------------------|
| #1 | Crime Incident(s)<br><b>Vandalism</b> | <input type="checkbox"/> Att            | At Found                          | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Last Known Secure                  |
|    |                                       | <input checked="" type="checkbox"/> Com | Month Day Yr Time                 |   |   | Month Day Yr Time                  |
|    |                                       |   | <b>09   22   2024   02:35 Hrs</b> |   |   | <b>09   22   2024   02:35 Hrs.</b> |

|    |                |                              |   |  |  |               |
|----|----------------|------------------------------|---|--|--|---------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident                          |  |  | Offense Tract |
|    |                | <input type="checkbox"/> Com | <b>4498 Ogburn Av, Winston-salem NC 27105</b> |  |  | <b>122</b>    |

|    |                |                              |              |  |  |  |
|----|----------------|------------------------------|--------------|--|--|--|
| #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  
 Yes  N/A  
 No

Weapon / Tools

V I C T I M

|                          |   |   |   |
|--------------------------|---|---|---|
| # 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 |
|--------------------------|---|---|---|

|    |   |                               |                        |                  |                 |                          |  |
|----|---|-------------------------------|------------------------|------------------|-----------------|--------------------------|--|
| V1 | Victim/Business Name (Last, First, Middle)<br><b>DATA OMITTED</b> | Victim of Crime #<br><b>1</b> | DOB / Age<br><b>21</b> | Race<br><b>W</b> | Sex<br><b>M</b> | Relationship To Offender | Resident Status<br><input checked="" type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><input type="checkbox"/> Unknown |
|----|---|-------------------------------|------------------------|------------------|-----------------|--------------------------|--|

Home Address **DATA OMITTED** Home Phone

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

|                 |                     |                        |                      |                     |                        |     |
|-----------------|---------------------|------------------------|----------------------|---------------------|------------------------|-----|
| VYR<br><b>0</b> | Make<br><b>MITS</b> | Model<br><b>LANCER</b> | Style<br><b>PCAR</b> | Color<br><b>GRY</b> | Lic/Lis<br><b>, NC</b> | Vin |
|-----------------|---------------------|------------------------|----------------------|---------------------|------------------------|-----|

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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>92</b>  | <b>4</b>    |       |    | <b>1</b> | <b>VEHICLE EXTERIOR</b> | <b>lancer/Mitishibishi</b> | <b>DATA OMITTED</b>  |
| <b>1</b> | <b>PCA</b> | <b>TARG</b> |       |    | <b>1</b> | <b>0 GRY, NC</b>        | <b>MITS Lancer</b>         | <b>FOR INFORMATION SECURITY PURPOSES ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS</b> |
|          |            |             |       |    |          |                         |                            |  |
|          |            |             |       |    |          |                         |                            |  |
|          |            |             |       |    |          |                         |                            |  |
|          |            |             |       |    |          |                         |                            |  |
|          |            |             |       |    |          |                         |                            |  |
|          |            |             |       |    |          |                         |                            |  |
|          |            |             |       |    |          |                         |                            |  |

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

|  |   |   |
|--|---|---|
| Officer<br><b>WADDELL, J. A. (15882)</b> | Officer Signature<br><b>WADDELL, J. A. (15882)</b>  | Supervisor Signature<br><b>WADDELL, J. A. (15882)</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 |