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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2483438**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**10 | 05 | 2024 | 08:06 Hrs.**

#1	Crime Incident(s) <b>Autobreaking And Larceny</b>	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	At Found				Last Known Secure			
				Month	Day	Yr	Time	Month	Day	Yr	Time
				<b>10</b>	<b>05</b>	<b>2024</b>	<b>05:00</b>	<b>10</b>	<b>05</b>	<b>2024</b>	<b>05:00</b>

#2	Crime Incident	<input type="checkbox"/> Att	<input type="checkbox"/> Com	Location of Incident						Offense Tract	
				<b>2169 Sage Meadows Dr, Winston-salem NC</b>						<b>314</b>	

#3	Crime Incident	<input type="checkbox"/> Att	<input type="checkbox"/> Com	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

VICTIM	#	Victim/Business Name (Last, First, Middle)				Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
		<b>DATA OMITTED</b>				<b>1</b>	<b>34</b>	<b>W</b>	<b>M</b>	<b>RU</b>	<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	Make	Model	Style	Color	Lic/Lis	Vin
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**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>20</b>	<b>7</b>			<b>1</b>	<b>MONEY/CASH</b>		<b>DATA OMITTED</b>
<b>1</b>	<b>25</b>	<b>7</b>			<b>1</b>	<b>PURSES/HANDBAGS/WALLETS</b>		<b>FOR</b>
<b>1</b>	<b>09</b>	<b>7</b>			<b>1</b>	<b>CREDIT/DEBIT CARDS</b>		<b>INFORMATION</b>
<b>1</b>	<b>65</b>	<b>7</b>			<b>1</b>	<b>IDENTITY DOCUMENTS</b>		<b>SECURITY</b>
	<b>PTR</b>	<b>TARG</b>			<b>1</b>	<b>2015 SIL, JHS4529 NC</b>	<b>CHEV Silverado</b>	<b>PURPOSES</b>
								<b>ONLY THE FIRST</b>
								<b>TWELVE PROPERTY</b>
								<b>ITEMS ARE</b>
								<b>DISPLAYED ON</b>
								<b>P2C REPORTS</b>

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

Officer <b>RATLIFF, K. D. (15687)</b>	ID#	Officer Signature	Supervisor Signature <b>RATLIFF, K. D. (15687)</b>
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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

**Status**