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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2483475

ORI  
NC NC 0340200

Date / Time Reported  
Month Day Yr Time  
10 | 07 | 2024 | 18:28 Hrs.

#1	Crime Incident(s) <i>Autobreaking And Larceny</i>	<input type="checkbox"/> Att	At Found	Month Day Yr Time	<input type="checkbox"/> S	<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 checked="" type="checkbox"/> Com	10   07   2024   05:10 Hrs	Last Known Secure Month Day Yr Time 10   07   2024   05:10 Hrs.								

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident <i>739 Woodland Ct, Winston-salem NC 27101</i>							Offense Tract <i>221</i>
	<input type="checkbox"/> Com									

#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 <i>1</i>	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 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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V1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # <i>1</i>	DOB / Age <i>28</i>	Race <i>B</i>	Sex <i>F</i>	Relationship To Offender <i>RU</i>	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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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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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
<i>1</i>	<i>65</i>	<i>7</i>			<i>1</i>	<i>PURSES/HANDBAGS/WALLETS</i>		DATA OMITTED
<i>1</i>	<i>65N</i>	<i>7</i>			<i>1</i>	<i>IDENTITY DOCUMENTS</i>		FOR
<i>1</i>	<i>64</i>	<i>7</i>			<i>8</i>	<i>CREDIT/DEBIT CARDS</i>		INFORMATION
<i>1</i>	<i>61</i>	<i>7</i>			<i>5</i>	<i>MONEY/CASH</i>		SECURITY
	<i>03</i>	<i>TARG</i>			<i>1</i>	<i>2017 WHI, LAN9502 NC</i>	<i>FORD Escape</i>	PURPOSES
								ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS

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

Officer <b>ALEXANDER, J. C. (15741)</b>	Officer Signature	Supervisor Signature <b>ALEXANDER, J. C. (15741)</b>
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Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	Case Disposition: <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	Page 1
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