

INCIDENT REPORT

INCIDENT/INVESTIGATION REPORT

Agency Name **WINSTON-SALEM POLICE**

ORI **NC NC 0340200**

OCA **2484243**

Date / Time Reported

S	M	T	W	T	F	S
12	13	2024	15:51	Hrs.		

#1	Crime Incident(s) Autobreaking And Larceny	<input type="checkbox"/> Att	At Found	<table border="1" style="font-size: x-small;"> <tr> <td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td> </tr> <tr> <td>12</td><td>13</td><td>2024</td><td>07:00</td><td colspan="3">Hrs</td> </tr> </table>	S	M	T	W	T	F	S	12	13	2024	07:00	Hrs			Last Known Secure	<table border="1" style="font-size: x-small;"> <tr> <td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td> </tr> <tr> <td>12</td><td>13</td><td>2024</td><td>07:00</td><td colspan="3">Hrs.</td> </tr> </table>	S	M	T	W	T	F	S	12	13	2024	07:00	Hrs.		
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12	13	2024	07:00	Hrs																														
S	M	T	W	T	F	S																												
12	13	2024	07:00	Hrs.																														
<input checked="" type="checkbox"/> Com																																		

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident	Offense Tract
		<input type="checkbox"/> Com	124 S Sunset Dr, Winston-salem NC 27101	321

#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

# of Victims 1	Type <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business	Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth	Drug/Alcohol Use:
	<input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute	<input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown

VICTIM	#	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
		DATA OMITTED	1	64	W	F	RU	<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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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	25	7			1	PURSES/HANDBAGS/WALLETS		DATA OMITTED
	SUV	TARG			1	2006 BLK, RJA5522 NC	ACUR Mdx	FOR INFORMATION SECURITY PURPOSES
								ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS

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

Officer ALEXANDER, J. C. (15741) ID#	Officer Signature	Supervisor Signature ALEXANDER, J. C. (15741)
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

Status