

I N C I D E N T	Agency Name <b>WINSTON-SALEM POLICE</b>		INCIDENT/INVESTIGATION REPORT					OCA 2320947	
	ORI NC NC 0340200							Date / Time Reported Month Day Yr Time 05   24   2023   08:23 Hrs.	
	#1	Crime Incident(s) <b>Larceny- All Other</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 05   22   2023   00:00 Hrs.		<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 Last Known Secure Month Day Yr Time 05   20   2023   00:00 Hrs.			
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>3614 Thornaby Cr, Winston-salem NC 27107</b>				Offense Tract <b>214</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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
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V I C T I M	# 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		
	<i>I</i>									
	<b>V1</b>	Victim/Business Name (Last, First, Middle)  DATA OMITTED			Victim of Crime #  <i>I,</i>	DOB / Age  23	Race  <i>B</i>	Sex  <i>F</i>	Relationship To Offender  <i>IRU</i>	Resident Status <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		

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	13
PROPERTY								FOR
								INFORMATION
								SECURITY
								PURPOSES
								ONLY THE FIRST
								TWELVE PROPERTY
								ITEMS ARE
								DISPLAYED ON
								P2C REPORTS

Number of Vehicles Stolen	$\theta$	Number Vehicles Recovered	$\theta$
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Officer ID	Officer ID#	Officer Signature	Supervisor Signature
ALLEN, S. E. (15310)			MATHEWS, C. K. (15509)
Complainant Signature	Case Status	Case Disposition:	
Status	<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Unfounded	<input type="checkbox"/> Located
	<input checked="" type="checkbox"/> Inactive	<input type="checkbox"/> Cleared by Arrest	<input type="checkbox"/> Refuse to Cooperate
	<input type="checkbox"/> Closed/Cleared	<input type="checkbox"/> Cleared by Arrest by Another Agency	<input type="checkbox"/> Extradition Declined
	<input type="checkbox"/> Closed/Leads Exhausted	<input type="checkbox"/> Death of Offender	<input type="checkbox"/> Prosecution Declined
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