

I N C I D E N T	Agency Name <i>WINSTON-SALEM POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2411500</i>		
	ORI <i>NC NC 0340200</i>												Date / Time Reported Month Day Yr Time <i>04 03 2024 06:21</i> Hrs.		
D A T A	#1	Crime Incident(s) <i>Automobile Theft</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>04 03 2024 06:21</i> Hrs				Last Known Secure Month Day Yr Time <i>04 03 2024 06:21</i> Hrs.							
	#2	Crime Incident <i>Tampering With Vehicle</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <i>115 Chestnut Heights Ct, Winston-salem NC</i>								Offense Tract <i>213</i>			
	#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		
	2									
	V1	Victim/Business Name (Last, First, Middle) DATA OMITTED			Victim of Crime # 2	DOB / Age 43	Race B	Sex M	Relationship To Offender IRU	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		

VYR 2015	Make CHEV	Model SUBURBAN	Style MP	Color BLK	Lic/Lis RCV6347, NC	Vin 1GNSKKKCXFR239671
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OTHERS

DATA OMITTED

IN
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[illegible]

Number of Vehicles Stolen		Number Vehicles Recovered	
ID	Officer <i>CREWS, W. R. (16325)</i>	ID#	Officer Signature
Complainant Signature		Supervisor Signature <i>CAFFEY, J. D. (15234)</i>	
Status	Case Status <input type="checkbox"/> Further Investigation <input checked="" type="checkbox"/> Inactive <input 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	
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