

INCIDENT REPORT

## INCIDENT/INVESTIGATION REPORT

OCA		2422977	
Date / Time Reported		S M T W T F S	
Month	Day	Yr	Time
06	28	2024	11:11 Hrs.
Last Known Secure		S M T W T F S	
Month	Day	Yr	Time
06	28	2024	11:10 Hrs.

Agency Name	WINSTON-SALEM POLICE
ORI	NC NC 0340200

#1	Crime Incident(s)	<input type="checkbox"/> Att	At Found	S M T W T F S	Month	Day	Yr	Time	Last Known Secure	S M T W T F S	Month	Day	Yr	Time	
	Obtaining Money By False Pretense		<input checked="" type="checkbox"/> Com	06		28		2024	11:11	06		28		2024	11:10
	#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident											
#3	Crime Incident	<input type="checkbox"/> Att	Premise Type												
											Offense Tract				
											3000 Pinecrest Dr, Winston-salem NC 27127				
											Victim Residence Type				
											<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family				

How Attacked or Committed	Forcible	Weapon / Tools
DATA OMITTED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	

# of Victims	Type	Injury	Drug/Alcohol Use:
1	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
VICTIM	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB / Age
	DATA OMITTED	I,	22
	Home Address	Race	Sex
	DATA OMITTED	W	M
	Employer Name/Address	Relationship To Offender	Resident Status
	DATA OMITTED		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
	VYR	Make	Model
	Style	Color	Lic/Lis
			Vin

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
I	20	7			I	US CURRENCY		DATA OMITTED
								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	ID#	Officer Signature	Supervisor Signature
BURAK, A. B. (15776)			HARRISON, B. M. (15721)
Complainant Signature		Case Status	Case Disposition:
		<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined
		<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"/> Closed/Leads Exhausted	<input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined