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Agency Name
WINSTON-SALEM POLICE

ORI
NC NC 0340200

INCIDENT/INVESTIGATION REPORT

OCA
2423210

Date / Time Reported S M T W T F S
 Month Day Yr Time
06 | 30 | 2024 | 01:12 Hrs.

Last Known Secure S M T W T F S
 Month Day Yr Time
06 | 30 | 2024 | 01:11 Hrs.

#1	Crime Incident(s) Communicating Threats -intimidation, Non Physical	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 06 30 2024 01:12 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 06 30 2024 01:11 Hrs
#2	Crime Incident Vandalism	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident 2012 N Cherry St, Winston-salem NC 27105		Offense Tract 112
#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 Yes N/A No

Weapon / Tools

V I C T I M # of Victims **1**

Type Person Business
 Society Government Financial Institute
 Religious L.E. Officer Line of Duty Other/Unknown

Injury None Minor Loss of Teeth
 Broken Bones Severe Lacerations
 Internal Unconscious Other Major

Drug/Alcohol Use:
 Yes Unknown
 No N/A

V I C T I M V1 Victim/Business Name (Last, First, Middle)
DATA OMITTED

Victim of Crime # **1, 2** | DOB / Age **33** | Race **B** | Sex **F** | Relationship To Offender **IAQ** | Resident Status Resident Non-Resident 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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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	35	4			2	X2 FRONT WINDOWS	2 FRONT	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 JACKSON, T. E. (16317)	Officer Signature	Supervisor Signature WILLIAMS, K. A. (15631)
Complainant Signature	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

Status