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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2423216

ORI
NC NC 0340200

Date / Time Reported S M T W T F S
 Month Day Yr Time
06 | 30 | 2024 | 02:27 Hrs.

#1	Crime Incident(s) Vandalism	<input type="checkbox"/> Att	At Found	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Last Known Secure
		<input checked="" type="checkbox"/> Com	Month Day Yr Time			Month Day Yr Time
			06 30 2024 02:27 Hrs			06 30 2024 02:26 Hrs.

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident			Offense Tract
		<input type="checkbox"/> Com	431 E Sixteenth St, Winston-salem NC 27105			112

#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

V # of Victims **2**

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

V1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
		1,	67	B	M	1OK	<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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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
2	29	4			1	WINDOW		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 LANCASTER, J. R. (16219)	ID#	Officer Signature	Supervisor Signature WILLIAMS, K. A. (15631)
Complainant Signature		Case Status <input type="checkbox"/> Further Investigation <input 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