	Agency Name	INCIDENT/INVESTIGATION	OCA	2424180

<table>
<tr><td rowspan="3">I N C I D E N T</td><td colspan="2">Agency Name
<i>WINSTON-SALEM POLICE</i></td><td rowspan="2" colspan="2">INCIDENT/INVESTIGATION
REPORT</td><td colspan="2">OCA   <i>2424180</i></td></tr>
<tr><td colspan="2">ORI
<i>NC NC 0340200</i></td><td colspan="2">Date / Time Reported   S M T W T F S
Month   Day   Yr   Time
<i>07 | 08 | 2024| 03:22</i> Hrs.</td></tr>
</table>

INCIDENT DATA

	Crime Incident(s)		At Found	Last Known Secure
#1	*Trespassing*	☐ Att ☒ Com	Month Day Yr Time *07	08	2024	03:22* Hrs	Month Day Yr Time *07	08	2024| 03:21* Hrs.
#2	Crime Incident	☐ Att ☐ Com	Location of Incident *1860 E First St, Winston-salem NC 27101*	Offense Tract *221*
#3	Crime Incident	☐ Att ☐ Com	Premise Type	Victim Residence Type ☐ Single Family ☐ Multi Family

MO

How Attacked or Committed
DATA OMITTED

Forcible: ☐ Yes ☒ N/A ☐ No   Weapon / Tools

VICTIM

# 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

	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # *1,*	DOB / Age	Race	Sex	Relationship To Offender	Resident Status ☒ Resident ☐ Non-Resident ☐ Unknown
V1							

Home Address DATA OMITTED	Home Phone
Employer Name/Address DATA OMITTED	Business Phone

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)

PROPERTY

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
								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*

ID

Officer *GRABS, D. M. (16310)*	ID#	Officer Signature	Supervisor Signature *CROKE, B. K. (15602)*

Status

Complainant Signature	Case Status ☐ Further Investigation ☐ Inactive ☐ Closed/Cleared ☐ Closed/Leads Exhausted	Case Disposition: ☐ Unfounded ☐ Located ☐ Extradition Declined ☐ Cleared by Arrest ☐ Refuse to Cooperate ☐ Cleared by Arrest by Another Agency ☐ Death of Offender ☐ Prosecution Declined

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