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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2424677

ORI  
NC NC 0340200

Date / Time Reported  
 Month Day Yr Time  
 07 | 11 | 2024 | 18:31 Hrs.

#1	Crime Incident(s) <i>Missing Person</i>	<input type="checkbox"/> Att	At Found	Month Day Yr Time	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> S
		<input checked="" type="checkbox"/> Com	07	11	2024	18:31					

Last Known Secure  
 Month Day Yr Time  
 07 | 11 | 2024 | 18:30 Hrs.

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident							Offense Tract
		<input type="checkbox"/> Com	301 Medical Center Bv, Winston-salem NC 27157							312

#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 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 #1 Victim/Business Name (Last, First, Middle): DATA OMITTED

Victim of Crime #: I, DOB / Age: 49, Race: W, Sex: F

Relationship To Offender: Resident Status:  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
								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# <b>JOYNER, S. W. (16313)</b>	Officer Signature	Supervisor Signature <b>COX, C. M. (15574)</b>
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Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input checked="" 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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**Status**