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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2424705

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
 07 | 11 | 2024 | 21:11 Hrs.

| | | | | | |
|----|---|------------------------------|---|--|---|
| #1 | Crime Incident(s) <i>Trespassing</i> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | At Found Month Day Yr Time 07 11 2024 21:11 Hrs. | Last Known Secure Month Day Yr Time 07 11 2024 21:10 Hrs. |
|----|---|------------------------------|---|--|---|

| | | | | | |
|----|--|------------------------------|---|---|-----------------------------|
| #2 | Crime Incident <i>Misuse Of 911</i> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | Location of Incident <i>732 Jonestown Rd - A, Winston-salem NC 27103</i> | Offense Tract <i>323</i> |
|----|--|------------------------------|---|---|-----------------------------|

| | | | | | |
|----|----------------|------------------------------|------------------------------|--------------|---|
| #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 # 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

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

Victim of Crime #: *1,* DOB / Age: *64* Race: *W* Sex: *F*

Relationship To Offender: 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 |
|----------|-----|--------|-------|----|-----|----------------------|------------|-----------------|
| | | | | | | | | 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: *SOMERVILLE, T. J. (16036)* ID#: Officer Signature: Supervisor Signature: *NELSON, S. M. (15176)*

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

Status