

I  
N  
C  
I  
D  
E  
N  
T  
D  
A  
T  
A

Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2424732**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**07 | 12 | 2024 | 02:48 Hrs.**

#1	Crime Incident(s) <b>Missing Person</b>	<input type="checkbox"/> Att	At Found	Month Day Yr Time	S M T W T F S	Last Known Secure	Month Day Yr Time	S M T W T F S
		<input checked="" type="checkbox"/> Com		<b>07   12   2024   02:48 Hrs</b>			<b>07   12   2024   02:47 Hrs.</b>	

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident				Offense Tract
		<input type="checkbox"/> Com	<b>1920 W Academy St, Winston-salem NC 27103</b>				<b>312</b>

#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 V1 Victim/Business Name (Last, First, Middle): **DATA OMITTED**

Victim of Crime #: **I,** DOB / Age: **29** Race: **W** Sex: **F**

Relationship To Offender: **Resident** (checked)  
 Non-Resident  Unknown

Home Address: **DATA OMITTED** Home Phone:

Employer Name/Address: **DATA OMITTED** Business Phone:

VYR	Make	Model	Style	Color	Lic/Lis	Vin
-----	------	-------	-------	-------	---------	-----

O  
T  
H  
E  
R  
S  
  
I  
N  
V  
O  
L  
V  
E  
D

### 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
								<b>DATA OMITTED</b>
								<b>FOR</b>
								<b>INFORMATION</b>
								<b>SECURITY</b>
								<b>PURPOSES</b>
								<b>ONLY THE FIRST</b>
								<b>TWELVE PROPERTY</b>
								<b>ITEMS ARE</b>
								<b>DISPLAYED ON</b>
								<b>P2C REPORTS</b>

Number of Vehicles Stolen: **0** Number Vehicles Recovered: **0**

Officer <b>SOJKA, D. A. (15535)</b>	ID#	Officer Signature	Supervisor Signature <b>REYNOLDS, S. A. (15618)</b>
--	-----	-------------------	--

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	<b>Page 1</b>
-----------------------	---	---	---------------