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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2424814

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
07 | 12 | 2024 | 17:57 Hrs.

#1	Crime Incident(s) Drug Violations	<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"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S					
		<input checked="" type="checkbox"/> Com	07	12	2024	17:57										
			Last Known Secure			Month	Day	Yr	Time	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S
			07	12	2024	17:56										

#2	Crime Incident Paraphernalia- Possessing/concealing Equipment	<input type="checkbox"/> Att	Location of Incident 865 Mock St, Winston-salem NC 27127							Offense Tract 311
		<input checked="" type="checkbox"/> Com								

#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 **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

V1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1,2	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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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

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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
	11	6			1	DRUGS/NARCOTICS EQUIPMENT		DATA OMITTED
	11	6			1	DRUGS/NARCOTICS EQUIPMENT		FOR
	PCA	TARG			1	2016 BLK, FDV1090 NC	NISS Altima	INFORMATION
								SECURITY
								PURPOSES
								ONLY THE FIRST
								TWELVE PROPERTY
								ITEMS ARE
								DISPLAYED ON
								P2C REPORTS

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

Officer MARTENS, D. G. (16179)	ID#	Officer Signature	Supervisor Signature REYNOLDS, S. A. (15618)
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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
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