

I
N
C
I
D
E
N
T
I
F
I
C
A
T
I
O
N
N
U
M
B
E
R

Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2424866

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
 07 | 13 | 2024 | 00:18 Hrs.

| | | | | |
|----|---|---|--|---|
| #1 | Crime Incident(s) <i>Communicating Threats -intimidation, Non Physical</i> | <input type="checkbox"/> Att <input checked="" type="checkbox"/> Com | At Found Month Day Yr Time 07 13 2024 00:18 Hrs. | Last Known Secure Month Day Yr Time 07 13 2024 00:17 Hrs. |
|----|---|---|--|---|

| | | | | |
|----|----------------|--|---|----------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att <input type="checkbox"/> Com | Location of Incident <i>250 Village Creek Cr - G, Winston-salem NC</i> | Offense Tract 324 |
|----|----------------|--|---|----------------------|

| | | | | |
|----|----------------|--|--------------|---|
| #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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No | Weapon / Tools |
|--|---|----------------|

| | | | |
|-------------------|---|---|---|
| # of Victims 1 | Type <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown | Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major | Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
|-------------------|---|---|---|

| | | | | | | | |
|--------|--|-------------------------|-----------------|-----------|----------|---------------------------------|--|
| VICTIM | Victim/Business Name (Last, First, Middle) DATA OMITTED | Victim of Crime # 1, | DOB / Age 28 | Race B | Sex F | Relationship To Offender IXR | Resident Status <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Non-Resident <input type="checkbox"/> 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

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 |
|----------|-----|--------|-------|----|-----|----------------------|------------|-----------------|
| | | | | | | | | 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 HICKS, M. W. (16197) | ID# | Officer Signature | Supervisor Signature SOMERVILLE, T. J. (16036) |
|--|-----|-------------------|--|

| | | |
|-----------------------|--|---|
| 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 |
|-----------------------|--|---|

Status