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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2425080**

ORI  
**NC NC 0340200**

Date / Time Reported  S  M  T  W  T  F  S  
 Month Day Yr Time  
**07 | 14 | 2024 | 16:02** Hrs.

#1	Crime Incident(s) <b>Lost/stolen License Plate</b>	<input type="checkbox"/> Att	At Found	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Last Known Secure
		<input checked="" type="checkbox"/> Com	Month Day Yr Time		Month Day Yr Time
			<b>07   14   2024   15:25</b> Hrs		<b>07   14   2024   14:50</b> Hrs.

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident	Offense Tract
		<input type="checkbox"/> Com	<b>646 W Fifth St, Winston-salem NC 27101</b>	<b>111</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 # 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 # **1,** DOB / Age **58** Race **W** Sex **M**

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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**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>1</b>	<b>38</b>	<b>7</b>			<b>1</b>	<b>VEHICLE PARTS/ACCESSORIES</b>		<b>DATA OMITTED</b>
								<b>FOR INFORMATION SECURITY PURPOSES ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS</b>

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

Officer <b>RANKIN, K. L. (15100)</b>	Officer Signature	Supervisor Signature <b>BOGER, J. C. (14943)</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

**Status**