

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

Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2425177**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**07 | 15 | 2024 | 12:17 Hrs.**

#1	Crime Incident(s) <b>Drug Violations</b>	<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	<b>07   15   2024   12:17 Hrs</b>	Last Known Secure																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Month</td><td>Day</td><td>Yr</td><td>Time</td> <td>Month</td><td>Day</td><td>Yr</td><td>Time</td> </tr> <tr> <td><b>07</b></td><td><b>15</b></td><td><b>2024</b></td><td><b>12:17</b></td> <td><b>07</b></td><td><b>15</b></td><td><b>2024</b></td><td><b>12:16</b></td> </tr> </table>												Month	Day	Yr	Time	Month	Day	Yr	Time	<b>07</b>	<b>15</b>	<b>2024</b>	<b>12:17</b>	<b>07</b>	<b>15</b>	<b>2024</b>	<b>12:16</b>
Month	Day	Yr	Time	Month	Day	Yr	Time																				
<b>07</b>	<b>15</b>	<b>2024</b>	<b>12:17</b>	<b>07</b>	<b>15</b>	<b>2024</b>	<b>12:16</b>																				

#2	Crime Incident <b>Paraphernalia- Possessing/concealing Equipment</b>	<input type="checkbox"/> Att	Location of Incident						Offense Tract
		<input checked="" type="checkbox"/> Com	<b>127 Braehill Terrace Dr, Winston-salem NC</b>						<b>324</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

VICTIM	#	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
		<b>DATA OMITTED</b>	<b>1,2</b>					<input type="checkbox"/> Resident <input 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  
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
	77	6			1	DIGITAL SCALE		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 <b>ESTELA, J. M. (16194)</b>	ID#	Officer Signature	Supervisor Signature <b>AZAR, J. (14817)</b>
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