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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2425325**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**07 | 16 | 2024 | 14:49 Hrs.**

#1	Crime Incident(s) <b>Overdose</b>	<input type="checkbox"/> Att	At Found	<input type="checkbox"/> M	<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	Month	

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S	Offense Tract		
		<input type="checkbox"/> Com	<b>3810 N Patterson Av, Winston-salem NC 27105</b>	Month	Day	Yr	Time	Month	Day	Yr	Time

#3	Crime Incident	<input type="checkbox"/> Att	Premise Type	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S	Victim Residence Type		
		<input type="checkbox"/> Com		Month	Day	Yr	Time	Month	Day	Yr	Time

MO How Attacked or Committed  
**DATA OMITTED**

Forcible  
 Yes  N/A  
 No

Weapon / Tools

V # of Victims: **0**

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

Victim of Crime #

DOB / Age

Race

Sex

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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### 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>GAMMON-LACKEY, M. K. (16304)</b>	Officer Signature	Supervisor Signature <b>BOISSEY, S. G. (15475)</b>
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Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input checked="" 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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**Status**