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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2425367**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**07 | 16 | 2024 | 21:10 Hrs.**

#1	Crime Incident(s) <b>Paraphernalia- Using/ Equipment</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"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> S
		<input checked="" type="checkbox"/> Com	<b>07</b>	<b>16</b>	<b>2024</b>	<b>21:10</b>	Hrs	<b>07</b>	<b>16</b>	<b>2024</b>	<b>21:09</b>	Hrs.		

#2	Crime Incident <b>Trespassing</b>	<input type="checkbox"/> Att	Location of Incident <b>1600 N Liberty St, Winston-salem NC 27105</b>										Offense Tract <b>222</b>
		<input checked="" type="checkbox"/> Com											

#3	Crime Incident <b>Violation Of City/county Ordinance</b>	<input type="checkbox"/> Att	Premise Type										Victim Residence Type				
		<input checked="" 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: **2**

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) <b>DATA OMITTED</b>	Victim of Crime # <b>1,2,3,</b>	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
	<b>V1</b>							

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>11</b>	<b>6</b>			<b>1</b>	<b>DRUGS/NARCOTICS EQUIPMENT</b>	<b>CRACK PIPE</b>	<b>DATA OMITTED</b>
								<b>FOR INFORMATION SECURITY PURPOSES ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS</b>

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

Officer <b>ANDERSON, B. R. (15633)</b>	ID#	Officer Signature	Supervisor Signature <b>MATHEWS, C. K. (15509)</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

**Status**