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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2425705**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**07 | 19 | 2024 | 17:59 Hrs.**

#1	Crime Incident(s) <b>Paraphernalia- Using/ Equipment</b>	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>07   19   2024   17:59 Hrs</b>	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	Last Known Secure Month Day Yr Time <b>07   19   2024   17:58 Hrs.</b>
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#2	Crime Incident <b>Trespassing</b>	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	Location of Incident <b>105 N Martin Luther King Jr Dr, Winston-salem</b>	Offense Tract <b>221</b>
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#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
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MO How Attacked or Committed  
**DATA OMITTED**

Forcible  
 Yes  N/A  No

Weapon / Tools

V I C T I M # 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

V I C T I M #1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>2,</b>	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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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
	11	6			1	DRUGS/NARCOTICS EQUIPMENT		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 ID# <b>MINTZ, J. D. (16069)</b>	Officer Signature	Supervisor Signature <b>KORN, A. R. (15714)</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