

I  
N  
C  
I  
D  
E  
N  
T  
I  
F  
I  
C  
A  
T  
I  
O  
N

Agency Name  
**WINSTON-SALEM POLICE**

ORI  
**NC NC 0340200**

# INCIDENT/INVESTIGATION REPORT

OCA  
**2425714**

Date / Time Reported  
Month Day Yr Time  
**07 | 19 | 2024 | 16:28 Hrs.**

Last Known Secure  
Month Day Yr Time  
**06 | 02 | 2024 | 16:27 Hrs.**

At Found  
Month Day Yr Time  
**07 | 19 | 2024 | 16:28 Hrs.**

Location of Incident  
**1540 S Stratford Rd, Winston-salem NC 27103**

Premise Type  
**1540 S Stratford Rd, Winston-salem NC 27103**

Offense Tract  
**322**

Victim Residence Type  
 Single Family  Multi Family

#1	Crime Incident(s) <b>Embezzlement- Wire/computer/other Electronic</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>07   19   2024   16:28 Hrs.</b>	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>1540 S Stratford Rd, Winston-salem NC 27103</b>
#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Offense Tract
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	<input type="checkbox"/> Att <input type="checkbox"/> Com	Victim Residence Type

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

Victim of Crime # **1,**

DOB / Age

Race

Sex

Relationship To Offender  
**IEE**

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
-----	------	-------	-------	-------	---------	-----

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
<b>1</b>	<b>20</b>	<b>7</b>			<b>1</b>	<b>U.S. CURRENCY</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>PERRELL, A. J. (16180)</b>	ID#	Officer Signature	Supervisor Signature <b>SOMERVILLE, T. J. (16036)</b>
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