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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2425979

ORI
NC NC 0340200

Date / Time Reported S M T W T F S
 Month Day Yr Time
07 | 21 | 2024 | 15:45 Hrs.

#1	Crime Incident(s) Larceny- All Other	<input type="checkbox"/> Att	At Found	<input type="checkbox"/> M <input type="checkbox"/> T <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
			07 21 2024 15:45 Hrs		07 21 2024 15:44 Hrs.

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident		Offense Tract
		<input type="checkbox"/> Com	2445 Old Greensboro Rd, Other County NC		

#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 I C T I M # 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

V I C T I M V1 Victim/Business Name (Last, First, Middle)
DATA OMITTED

Victim of Crime # **1**

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
1	77	7			1	FIRE EXTINGUISHER		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 FISHER, C. D. (16079)	ID#	Officer Signature	Supervisor Signature STUMP, J. K. (14922)
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Complainant Signature	Case Status	Case Disposition:
	<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined
	<input checked="" type="checkbox"/> Inactive	<input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate
	<input type="checkbox"/> Closed/Cleared	<input type="checkbox"/> Cleared by Arrest by Another Agency
	<input type="checkbox"/> Closed/Leads Exhausted	<input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined