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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2426119

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
07 | 23 | 2024 | 07:27 Hrs.

#1	Crime Incident(s) Larceny- All Other	<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"/> T <input type="checkbox"/> F <input type="checkbox"/> S		Last Known Secure	Month Day Yr Time	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S
		<input checked="" type="checkbox"/> Com		07 23 2024 07:27 Hrs				07 23 2024 07:26 Hrs.	

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident				Offense Tract
		<input type="checkbox"/> Com	2910 New Walkertown Rd - H, Winston-salem NC				223

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

V Victim of Crime # **1,** DOB / Age **61** Race **B** Sex **M**

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

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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
1	16	7			1	KEY	UNKNOWN/Hous	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 LANCASTER, A. W. (16169)	Officer Signature	Supervisor Signature GORDON, J. G. (15435)
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

Status