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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2426127

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
 07 | 23 | 2024 | 09:06 Hrs.

| | | | | | |
|----|---|------------------------------|---|--|---|
| #1 | Crime Incident(s) <i>Drug Violations</i> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | At Found Month Day Yr Time 07 23 2024 09:06 Hrs. | Last Known Secure Month Day Yr Time 07 23 2024 09:05 Hrs. |
|----|---|------------------------------|---|--|---|

| | | | | | |
|----|----------------|------------------------------|------------------------------|---|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Location of Incident <i>699 E Devonshire St/dacian St, Winston-salem</i> | Offense Tract <i>212</i> |
|----|----------------|------------------------------|------------------------------|---|-----------------------------|

| | | | | | |
|----|----------------|------------------------------|------------------------------|--------------|---|
| #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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No | Weapon / Tools |
|---|---|----------------|

| | | | |
|--------------------------|---|---|---|
| # of Victims <i>1</i> | Type <input type="checkbox"/> Person <input type="checkbox"/> Business <input checked="" type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown | Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major | Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
|--------------------------|---|---|---|

| | | | | | | | |
|----------------------------|---|--------------------------------|-----------|------|-----|--------------------------|---|
| V I C T I M | Victim/Business Name (Last, First, Middle) DATA OMITTED | Victim of Crime # <i>1,</i> | DOB / Age | Race | Sex | Relationship To Offender | Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> 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 |
|----------|-----------|----------|-------|----|----------|-----------------------------|------------|--|
| <i>1</i> | <i>77</i> | <i>6</i> | | | <i>1</i> | <i>GLASS SMOKING DEVICE</i> | | 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# ROBERTSON, B. W. (16352) | Officer Signature | Supervisor Signature GORDON, J. G. (15435) |
|--|-------------------|--|

| | | |
|-----------------------|---|---|
| Complainant Signature | Case Status <input checked="" 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