

I
N
C
I
D
E
N
T
D
A
T
A

Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2430768

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
 08 | 28 | 2024 | 15:02 Hrs.

#1	Crime Incident(s) <i>Trespassing</i>	<input type="checkbox"/> Att	At Found Month Day Yr Time	<input checked="" type="checkbox"/> Com	08 28 2024 15:02 Hrs.	Last Known Secure Month Day Yr Time	08 28 2024 15:01 Hrs.
----	---	------------------------------	-------------------------------	---	-----------------------------	--	-----------------------------

#2	Crime Incident <i>Resisting Arrest</i>	<input type="checkbox"/> Att	Location of Incident <i>2609 N Liberty St, Winston-salem NC 27105</i>			Offense Tract 223
----	---	------------------------------	--	--	--	----------------------

#3	Crime Incident	<input type="checkbox"/> Att	Premise Type	<input type="checkbox"/> Com	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family		
----	----------------	------------------------------	--------------	------------------------------	---	--	--

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 2	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	V1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime #	1,2	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
-----	------	-------	-------	-------	---------	-----

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
								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 <i>KISER, C. N. (14944)</i>	ID#	Officer Signature	Supervisor Signature <i>MULLINS, B. H. (15079)</i>
--	-----	-------------------	---

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

Status