

INCIDENT REPORT

## INCIDENT/INVESTIGATION REPORT

OCA	2431248		
Date / Time Reported			
Month	Day	Yr	Time
09	01	2024	05:10 Hrs.
Last Known Secure		Time	
Month	Day	Yr	Time
09	01	2024	05:09 Hrs.

Agency Name	WINSTON-SALEM POLICE
ORI	NC NC 0340200

#1	Crime Incident(s)	<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	
	Ccw-possession/concealing Weapons	<input checked="" type="checkbox"/> Com	Month Day Yr Time	09	01	2024	05:10	Hrs.		
#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident						Offense Tract	
	Driving While Impaired	<input checked="" type="checkbox"/> Com	355 N Stratford Rd, Winston-salem NC 27104						321	
#3	Crime Incident	<input type="checkbox"/> Att	Premise Type						Victim Residence Type	
	Violation Of Auto Law-all Other	<input checked="" type="checkbox"/> Com							<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family	

How Attacked or Committed	Forcible	Weapon / Tools
DATA OMITTED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	

# of Victims	Type	Injury	Drug/Alcohol Use:
1	<input checked="" 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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

VICTIM	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
V1	DATA OMITTED	1,2,3					<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown

Home Address	Home Phone
DATA OMITTED	

Employer Name/Address	Business Phone
DATA OMITTED	

VYR	Make	Model	Style	Color	Lic/Lis	Vin

OTHERS INVOLVED

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
	13	EVID			1	(9MM) FIREARMS/AMMUNITION	CANIK/TP9 Sf	DATA OMITTED
	13	EVID			1	(38) FIREARMS/AMMUNITION	ROSSI/M88	FOR
	13	EVID			1	FIREARMS/AMMUNITION		INFORMATION
	13	EVID			1	FIREARMS/AMMUNITION		SECURITY
	77	EVID			1	OTHER		PURPOSES
								ONLY THE FIRST
								TWELVE PROPERTY
								ITEMS ARE
								DISPLAYED ON
								P2C REPORTS

Number of Vehicles Stolen 0 Number Vehicles Recovered 0

Officer	ID#	Officer Signature	Supervisor Signature
HICKS, M. W. (16197)			SOMERVILLE, T. J. (16036)
Complainant Signature		Case Status	Case Disposition:
		<input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	<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