

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

Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2431659

ORI  
NC NC 0340200

Date / Time Reported  
 Month Day Yr Time  
 09 | 04 | 2024 | 19:20 Hrs.

|    |   |                              |                               |   |                            |  |  |                            |
|----|---|------------------------------|-------------------------------|---|----------------------------|--|--|----------------------------|
| #1 | Crime Incident(s)<br><i>Trespassing</i> | <input type="checkbox"/> Att | At Found<br>Month Day Yr Time | <input type="checkbox"/> Att<br><input checked="" type="checkbox"/> Com | 09   04   2024   19:20 Hrs |  | Last Known Secure<br>Month Day Yr Time | 09   04   2024   19:20 Hrs |
|----|---|------------------------------|-------------------------------|---|----------------------------|--|--|----------------------------|

|    |                |                              |  |  |  |                             |
|----|----------------|------------------------------|--|--|--|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident<br><i>607 Peters Creek Pw, Winston-salem NC 27103</i> |  |  | Offense Tract<br><i>311</i> |
|----|----------------|------------------------------|--|--|--|-----------------------------|

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

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

|                   |   |   |   |
|-------------------|---|---|---|
| # of Victims<br>2 | Type<br><input type="checkbox"/> Person <input type="checkbox"/> Business<br><input checked="" type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute<br><input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown | Injury<br><input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth<br><input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations<br><input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major | Drug/Alcohol Use:<br><input type="checkbox"/> Yes <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
|-------------------|---|---|---|

|                            |  |                         |           |      |     |                          |   |
|----------------------------|--|-------------------------|-----------|------|-----|--------------------------|---|
| V<br>I<br>C<br>T<br>I<br>M | Victim/Business Name (Last, First, Middle)<br>V1<br>DATA OMITTED | Victim of Crime #<br>I, | DOB / Age | Race | Sex | Relationship To Offender | Resident Status<br><input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><input type="checkbox"/> Unknown |
|----------------------------|--|-------------------------|-----------|------|-----|--------------------------|---|

|                              |            |
|------------------------------|------------|
| Home Address<br>DATA OMITTED | Home Phone |
|------------------------------|------------|

|                                       |                |
|---------------------------------------|----------------|
| Employer Name/Address<br>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<br><b>CARTER, J. C. (15709)</b> | ID# | Officer Signature | Supervisor Signature<br>(0) |
|---|-----|-------------------|-----------------------------|

|                       |  |   |
|-----------------------|--|---|
| Complainant Signature | Case Status<br><input type="checkbox"/> Further Investigation<br><input type="checkbox"/> Inactive<br><input type="checkbox"/> Closed/Cleared<br><input type="checkbox"/> Closed/Leads Exhausted | Case Disposition:<br><input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined<br><input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate<br><input type="checkbox"/> Cleared by Arrest by Another Agency<br><input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined |
|-----------------------|--|---|

**Status**