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Agency Name  
**WINSTON-SALEM POLICE**

# INCIDENT/INVESTIGATION REPORT

OCA  
**2433681**

ORI  
**NC NC 0340200**

Date / Time Reported  
Month Day Yr Time  
**09 | 20 | 2024 | 08:51 Hrs.**

#1 Crime Incident(s)  
**Indecent Exposure**

At Found  
Month Day Yr Time  
**09 | 20 | 2024 | 08:51 Hrs.**

Last Known Secure  
Month Day Yr Time  
**09 | 20 | 2024 | 08:50 Hrs.**

#2 Crime Incident

Location of Incident  
**924 S Main St, Winston-salem NC 27101**

Offense Tract  
**412**

#3 Crime Incident

Premise Type

Victim Residence Type  
 Single Family  Multi Family

MO How Attacked or Committed  
**DATA OMITTED**

Forcible  
 Yes  N/A  
 No

Weapon / Tools

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# 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

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

Victim of Crime #  
**1,**

DOB / Age

Race

Sex

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

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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)

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| 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**

|        |   |   |  |   |
|--------|---|---|--|---|
| ID     | Officer<br><b>ROCHELLE, M. D. (16060)</b> | ID#   | Officer Signature  | Supervisor Signature<br><b>SMITH, D. G. (14704)</b> |
| Status | Complainant Signature                     | Case Status   | Case Disposition:  |   |
|        |   | <input type="checkbox"/> Further Investigation<br><input type="checkbox"/> Inactive<br><input type="checkbox"/> Closed/Cleared<br><input type="checkbox"/> Closed/Leads Exhausted | <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 |   |