

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

Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2433739

ORI  
NC NC 0340200

Date / Time Reported  
 Month Day Yr Time  
 09 | 20 | 2024 | 15:39 Hrs.

#1	Crime Incident(s) <i>Larceny- All Other</i>	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 09   20   2024   15:39 Hrs.	Last Known Secure Month Day Yr Time 09   20   2024   15:38 Hrs.
----	--	------------------------------	---	--	---

#2	Crime Incident	<input type="checkbox"/> Att	<input type="checkbox"/> Com	Location of Incident <i>207 East Dr, Winston-salem NC 27105</i>	Offense Tract <i>224</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
----	----------------	------------------------------	------------------------------	--------------	---

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 checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input 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) <b>V1</b> DATA OMITTED	Victim of Crime # <i>1,</i>	DOB / Age <i>36</i>	Race <i>W</i>	Sex <i>F</i>	Relationship To Offender	Resident Status <input checked="" 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
<i>1</i>	<i>23</i>	<i>7</i>			<i>1</i>	<i>TELEPHONE/TELEPHONE EQUIPMENT</i>	<i>IPHONE/15 Plus</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 <b>BOISSEY, S. G. (15475)</b>	Officer Signature <i>HORSLEY, S. A. (14880)</i>	Supervisor Signature <i>HORSLEY, S. A. (14880)</i>
--	--	---

Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input checked="" 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**