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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2434226

ORI  
NC NC 0340200

Date / Time Reported  
 Month Day Yr Time  
 09 | 24 | 2024 | 11:03 Hrs.

#1	Crime Incident(s) <i>Larceny- All Other</i>	<input type="checkbox"/> Att	At Found	Month Day Yr Time	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S
		<input checked="" type="checkbox"/> Com	09	23	2024	18:00					

Last Known Secure  
 Month Day Yr Time  
 09 | 23 | 2024 | 17:40 Hrs.

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident <i>4368 Ogburn Av, Winston-salem NC 27105</i>							Offense Tract <i>122</i>
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#3	Crime Incident	<input type="checkbox"/> Att	Premise Type							Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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MO How Attacked or Committed  
DATA OMITTED

Forcible  
 Yes  N/A  No

Weapon / Tools

V # 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	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <i>1,</i>	DOB / Age <i>48</i>	Race <i>W</i>	Sex <i>M</i>	Relationship To Offender <i>IRU</i>	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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Home Address: **DATA OMITTED** Home Phone:

Employer Name/Address: **DATA OMITTED** Business Phone:

VYR	Make	Model	Style	Color	Lic/Lis	Vin
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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>10</i>	<i>7</i>			<i>84</i>	<i>MEDICATION</i>	<i>SUBOXONE</i>	<i>DATA OMITTED</i>
<i>1</i>	<i>10</i>	<i>7</i>			<i>168</i>	<i>MEDICATION</i>	<i>VISTARL</i>	<i>FOR INFORMATION SECURITY PURPOSES</i>
								<i>ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS</i>

Number of Vehicles Stolen: *0* Number Vehicles Recovered: *0*

Officer <i>PENN, A. L. (15808)</i>	Officer Signature	Supervisor Signature <i>BOGER, J. C. (14943)</i>
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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
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**Status**