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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2435133

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
10 | 01 | 2024 | 01:54 Hrs.

#1	Crime Incident(s) Larceny From Building	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 09 30 2024 23:50 Hrs	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	Last Known Secure Month Day Yr Time 09 30 2024 23:20 Hrs.
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#2	Crime Incident	<input type="checkbox"/> Att	<input type="checkbox"/> Com	Location of Incident 1764 Carriage Cove Ln, Winston-salem NC	Offense Tract 314
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#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
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MO How Attacked or Committed DATA OMITTED	Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
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# of Victims 1	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 checked="" 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
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VICTIM	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1	DOB / Age 30	Race B	Sex M	Relationship To Offender IBG	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
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Employer Name/Address DATA OMITTED	Business Phone
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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
1	20	7			1	MONEY/CASH		DATA OMITTED
1	77	7			1	BACKPACK		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 SISSON, M. L. (14825)	ID#	Officer Signature	Supervisor Signature REYNOLDS, S. A. (15618)
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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