

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

Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2435174**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**10 | 01 | 2024 | 10:09 Hrs.**

#1	Crime Incident(s) <b>Lost Property</b>	<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"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> S
		<input checked="" type="checkbox"/> Com	<b>10</b>	<b>01</b>	<b>2024</b>	<b>10:09</b>					

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident							Offense Tract
		<input type="checkbox"/> Com	<b>625 W Sixth St, Winston-salem NC 27101</b>							<b>111</b>

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

MO How Attacked or Committed  
**DATA OMITTED**

Forcible  
 Yes  N/A  No

Weapon / Tools

V I C T I M # of Victims: **0**

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

V I C T I M #1 Victim/Business Name (Last, First, Middle): **DATA OMITTED**

Victim of Crime #: **DATA OMITTED**

DOB / Age: **DATA OMITTED**

Race: **DATA OMITTED**

Sex: **DATA OMITTED**

Relationship To Offender: **DATA OMITTED**

Resident Status:  
 Resident  Non-Resident  Unknown

Home Address: **DATA OMITTED**

Home Phone: **DATA OMITTED**

Employer Name/Address: **DATA OMITTED**

Business Phone: **DATA OMITTED**

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
	77	LOST			1	OTHER		DATA OMITTED
	77	LOST			1	SOCIAL SECURITY CARD		FOR
	77	LOST			1	NC ID		INFORMATION
	77	LOST			1	VA ID		SECURITY
	77	LOST			1	BIRTH CERITFCATE		PURPOSES
	77	LOST			1	EBT CARD		
	77	LOST			1	MISCELLANEOUS CARD		ONLY THE FIRST
	77	LOST			1	CROSS		TWELVE PROPERTY
	77	LOST			1	SET OF KEYS		ITEMS ARE
								DISPLAYED ON
								P2C REPORTS

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

Officer ID# <b>RICHARDSON, S. G. (15580)</b>	Officer Signature	Supervisor Signature <b>MULLINS, B. H. (15079)</b>
---	-------------------	---

Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input checked="" 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	<b>Page 1</b>
-----------------------	---	---	---------------