

INCIDENT REPORT

INCIDENT/INVESTIGATION REPORT

OCA		2435667	
Date / Time Reported		S M T W T F S	
Month	Day	Yr	Time
10	04	2024	19:07 Hrs.
Last Known Secure		S M T W T F S	
Month	Day	Yr	Time
10	04	2024	19:06 Hrs.

Agency Name	WINSTON-SALEM POLICE
ORI	NC NC 0340200

#1	Crime Incident(s)	<input type="checkbox"/> Att	At Found	S M T W T F S	Last Known Secure	S M T W T F S
	Larceny From Building	<input checked="" type="checkbox"/> Com	Month Day Yr Time		Month Day Yr Time	
			10 04 2024 19:07 Hrs		10 04 2024 19:06 Hrs.	
#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident			Offense Tract
		<input type="checkbox"/> Com	2209 Cloverdale Av, Winston-salem NC 27103			312
#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

How Attacked or Committed	Forcible	Weapon / Tools
DATA OMITTED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	

# of Victims	Type	Injury	Drug/Alcohol Use:
1	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Business	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown
	<input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute	<input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
	<input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown	<input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major	
VICTIM	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB / Age
	DATA OMITTED	1,	66
	Home Address	Race	Sex
	DATA OMITTED	W	F
	Employer Name/Address	Relationship To Offender	Resident Status
	DATA OMITTED		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
	VYR	Make	Model
	Style	Color	Lic/Lis
			Vin

OTHERS INVOLVED

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
PROPERTY	09	7			1	CREDIT/DEBIT CARDS	KHOLS/Credit	DATA OMITTED
	65	7			1	IDENTITY DOCUMENTS	NC/Drivers	FOR
	65	7			1	IDENTITY DOCUMENTS	SSN/Card	INFORMATION
	25	7			1	BACKPACK		SECURITY
								PURPOSES
								ONLY THE FIRST
								TWELVE PROPERTY
								ITEMS ARE
								DISPLAYED ON
								P2C REPORTS

Number of Vehicles Stolen 0		Number Vehicles Recovered 0	
Officer	ID#	Officer Signature	Supervisor Signature
	RHYNE, B. D. (16252)		WILKES, K. N. (15827)
Complainant Signature		Case Status	Case Disposition:
		<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined
		<input checked="" type="checkbox"/> Inactive	<input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate
		<input type="checkbox"/> Closed/Cleared	<input type="checkbox"/> Cleared by Arrest by Another Agency
		<input type="checkbox"/> Closed/Leads Exhausted	<input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined