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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2436334**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**10 | 09 | 2024 | 16:43 Hrs.**

#1	Crime Incident(s) <b>Drug Violations</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"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S
		<input checked="" type="checkbox"/> Com	<b>10   09   2024   16:43 Hrs</b>								

#2	Crime Incident <b>Ccw-possession/concealing Weapons</b>	<input type="checkbox"/> Att	Location of Incident <b>2800 Piedmont Cr, Winston-salem NC 27105</b>							<input type="checkbox"/> Offense Tract
		<input checked="" type="checkbox"/> Com								<b>223</b>

#3	Crime Incident	<input type="checkbox"/> Att	Premise Type							<input type="checkbox"/> 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

# of Victims <b>1</b>	Type	<input type="checkbox"/> Person	<input type="checkbox"/> Business	<input checked="" 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	Drug/Alcohol Use:	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
											<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Severe Lacerations	<input type="checkbox"/> Other Major	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	

VICTIM #1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1,2,</b>	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
							<input 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
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**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
	<b>13</b>	<b>EVID</b>			<b>1</b>	<b>(9MM) HANDGUN</b>	<b>RUGER/Security-9</b>	<b>DATA OMITTED</b>
								<b>FOR INFORMATION SECURITY PURPOSES ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS</b>

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

Officer ID <b>MINTZ, J. D. (16069)</b>	Officer Signature	Supervisor Signature <b>MULLINS, B. H. (15079)</b>
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<b>Status</b>	Complainant Signature	Case Status	Case Disposition:
		<input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	<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