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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2436768

ORI  
NC NC 0340200

Date / Time Reported  
 Month Day Yr Time  
 10 | 12 | 2024 | 21:24 Hrs.

|    |   |                              |   |  |   |
|----|---|------------------------------|---|--|---|
| #1 | Crime Incident(s)<br><i>Communicating Threats -intimidation, Non Physical</i> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | At Found<br>Month Day Yr Time<br>10   12   2024   21:24 Hrs. | Last Known Secure<br>Month Day Yr Time<br>10   12   2024   21:23 Hrs. |
|----|---|------------------------------|---|--|---|

|    |                |                              |                              |  |                      |
|----|----------------|------------------------------|------------------------------|--|----------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Location of Incident<br><i>199 Park Plaza Dr, Winston-salem NC 27105</i> | Offense Tract<br>122 |
|----|----------------|------------------------------|------------------------------|--|----------------------|

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

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

|                   |   |  |   |
|-------------------|---|--|---|
| # of Victims<br>1 | Type<br><input checked="" type="checkbox"/> Person <input type="checkbox"/> Business<br><input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute<br><input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown | Injury<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth<br><input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations<br><input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major | Drug/Alcohol Use:<br><input type="checkbox"/> Yes <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
|-------------------|---|--|---|

|                            |  |                            |                 |           |          |                                    |  |
|----------------------------|--|----------------------------|-----------------|-----------|----------|------------------------------------|--|
| V<br>I<br>C<br>T<br>I<br>M | Victim/Business Name (Last, First, Middle)<br>DATA OMITTED | Victim of<br>Crime #<br>1, | DOB / Age<br>51 | Race<br>W | Sex<br>F | Relationship<br>To Offender<br>IER | Resident Status<br><input type="checkbox"/> Resident<br><input checked="" type="checkbox"/> Non-Resident<br><input type="checkbox"/> Unknown |
|----------------------------|--|----------------------------|-----------------|-----------|----------|------------------------------------|--|

|                              |            |
|------------------------------|------------|
| Home Address<br>DATA OMITTED | Home Phone |
|------------------------------|------------|

|                                       |                |
|---------------------------------------|----------------|
| Employer Name/Address<br>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   |
|----------|-----|--------|-------|----|-----|----------------------|------------|-----------------|
|          |     |        |       |    |     |                      |            | DATA OMITTED    |
|          |     |        |       |    |     |                      |            | 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<br><b>MABE, J. A. (16209)</b> | ID# | Officer Signature | Supervisor Signature<br><b>GEOGHEGAN, M. R. (16168)</b> |
|---------------------------------------|-----|-------------------|---|

|                       |  |   |
|-----------------------|--|---|
| Complainant Signature | Case Status<br><input type="checkbox"/> Further Investigation<br><input type="checkbox"/> Inactive<br><input type="checkbox"/> Closed/Cleared<br><input type="checkbox"/> Closed/Leads Exhausted | Case Disposition:<br><input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined<br><input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate<br><input type="checkbox"/> Cleared by Arrest by Another Agency<br><input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined |
|-----------------------|--|---|

**Status**