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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2437089

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
10 | 15 | 2024 | 13:53 Hrs.

#1	Crime Incident(s) Drug Violations	<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	10	15	2024	13	53				

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident								Offense Tract
		<input type="checkbox"/> Com	299 E Thirtieth St/n Patterson Av, Winston-salem								121

#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: **1**

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 V1 Victim/Business Name (Last, First, Middle): **DATA OMITTED**

Victim of Crime #: **I,** DOB / Age: _____ Race: _____ Sex: _____

Relationship To Offender: _____ Resident Status:
 Resident Non-Resident 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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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	11	EVID			1	PLASTIC CONTAINER	PLASTIC/Contain	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**

ID Officer: **HOOKER, M. L. (16131)** ID#: _____ Officer Signature: _____ Supervisor Signature: **BOGER, J. C. (14943)**

Complainant Signature: _____

Status Case Status: Further Investigation Inactive Closed/Cleared Closed/Leads Exhausted

Case Disposition: Unfounded Located Extradition Declined
 Cleared by Arrest Refuse to Cooperate
 Cleared by Arrest by Another Agency Death of Offender Prosecution Declined