

I N C I D E N T	Agency Name <i>WINSTON-SALEM POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2437777</i>		
	ORI <i>NC NC 0340200</i>												Date / Time Reported Month Day Yr Time <i>10 20 2024 23:18</i> Hrs.		
	#1	Crime Incident(s) <i>Kidnapping</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>10 20 2024 23:18</i> Hrs		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S		Last Known Secure Month Day Yr Time <i>10 20 2024 22:41</i> Hrs.		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S					
D A T A	#2	Crime Incident <i>Robbery</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <i>2210 W Clemmons ville Rd - B, Winston-salem NC</i>						Offense Tract <i>323</i>					
	#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type						Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family					

V I C T I M	# of Victims	Type <input type="checkbox"/> Person <input checked="" type="checkbox"/> Business <input 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 <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major				Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
	6												
	V1	Victim/Business Name (Last, First, Middle) DATA OMITTED				Victim of Crime # 2,	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input checked="" 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						

INVOLVED

DATA OMITTED

P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
	1	20	7			1	CASH	DATA OMITTED	
	2	23	7,5			1	CELLPHONE	SAMSUNG/A15	FOR
	2	23	5			1	CELLPHONE	SAMSUNG/A15	INFORMATION
	4	23	7,5			1	CELL PHONE	SAMSUNG/Galax	SECURITY
	4	23	5			1	CELL PHONE	SAMSUNG/Galax	PURPOSES
	4	23	7,5			1	CELLPHONE	APPLE/Iphone 13	
	4	23	5			1	CELLPHONE	APPLE/Iphone 13	ONLY THE FIRST
	4	23	7,5			1	CELLPHONE	SAMSUNG/A15	TWELVE PROPERTY
	4	23	5			1	CELLPHONE	SAMSUNG/A15	ITEMS ARE
								DISPLAYED ON	
								P2C REPORTS	

Officer <i>HINES, K. J. (16247)</i>	ID#	Officer Signature	Supervisor Signature <i>FLYNN, J. L. (15605)</i>
Complainant Signature		Case Status <input checked="" type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input 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
Status			Page 1