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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2438547

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
 10 | 26 | 2024 | 15:51 Hrs.

#1	Crime Incident(s) <i>Drug Violations</i>	<input type="checkbox"/> Att	At Found	<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	<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	Month Day Yr Time	10	26	2024	15:51	Hrs		Month Day Yr Time	10	26	2024	15:50	Hrs.	

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident										Offense Tract
		<input type="checkbox"/> Com	2932 Quincy Dr - B, Winston-salem NC 27106										113

#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 # 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: No Yes Unknown

V I C T I M
#1 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
								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 ID# SAIN, C. J. (16348)	Officer Signature	Supervisor Signature JACOBS, A. P. (14962)
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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

Status