

I
N
C
I
D
E
N
T
D
A
T
A

Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2438749

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
10 | 28 | 2024 | 10:41 Hrs.

| | | | | | |
|----|---|------------------------------|---|---|--|
| #1 | Crime Incident(s) Trespassing | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | At Found Month Day Yr Time 10 28 2024 10:41 Hrs. | Last Known Secure Month Day Yr Time 10 28 2024 10:41 Hrs. |
|----|---|------------------------------|---|---|--|

| | | | | | |
|----|----------------|------------------------------|------------------------------|---|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Location of Incident 1479 New Walkertown Rd, Winston-salem NC | Offense Tract 222 |
|----|----------------|------------------------------|------------------------------|---|-----------------------------|

| | | | | | |
|----|----------------|------------------------------|------------------------------|--------------|---|
| #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 |
|----|----------------|------------------------------|------------------------------|--------------|---|

MO How Attacked or Committed
DATA OMITTED

Forcible
 Yes N/A No

Weapon / Tools

V I C T I M # of Victims: **2**

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 #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 |
|-----|------|-------|-------|-------|---------|-----|

O
T
H
E
R
S

I
N
V
O
L
V
E
D

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 LAMB, L. N. (16119) | ID# | Officer Signature | Supervisor Signature (0) |
|---------------------------------------|-----|-------------------|------------------------------------|

| | | |
|-----------------------|--|---|
| Complainant Signature | Case Status <input 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