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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2439007

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
10 | 30 | 2024 | 03:03 Hrs.

#1	Crime Incident(s) Other Sex Offense	<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							Month Day Yr Time						
			10 30 2024 03:03 Hrs.							10 30 2024 03:02 Hrs.						

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident										Offense Tract
		<input type="checkbox"/> Com	349 Akron Dr, Winston-salem NC 27105										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 # 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

VICTIM	#1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
			1,	21	W	M	IRU	<input 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
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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# AYALA-AMAYA, M. N. (16381)	Officer Signature	Supervisor Signature WILLIAMS, K. A. (15631)
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Complainant Signature	Case Status	Case Disposition:
	<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined
	<input checked="" type="checkbox"/> Inactive	<input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate
	<input type="checkbox"/> Closed/Cleared	<input type="checkbox"/> Cleared by Arrest by Another Agency
	<input type="checkbox"/> Closed/Leads Exhausted	<input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined