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Agency Name  
**WINSTON-SALEM POLICE**

ORI  
**NC NC 0340200**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2439244**

Date / Time Reported  
 Month Day Yr Time  
**10 | 31 | 2024 | 19:23 Hrs.**

Last Known Secure  
 Month Day Yr Time  
**10 | 31 | 2024 | 19:22 Hrs.**

At Found  
 Month Day Yr Time  
**10 | 31 | 2024 | 19:23 Hrs.**

Location of Incident  
**2015 Frontis Plaza Bv, Winston-salem NC 27103**

Premise Type

Offense Tract  
**322**

Victim Residence Type  
 Single Family  Multi Family

|    |   |   |  |   |   |                             |
|----|---|---|--|---|---|-----------------------------|
| #1 | Crime Incident(s)<br><b>Drug Violations</b>                             | <input type="checkbox"/> Att<br><input checked="" type="checkbox"/> Com | At Found<br>Month Day Yr Time<br><b>10   31   2024   19:23 Hrs.</b>          | <input type="checkbox"/> Att<br><input checked="" type="checkbox"/> Com | Location of Incident<br><b>2015 Frontis Plaza Bv, Winston-salem NC 27103</b>                          | Offense Tract<br><b>322</b> |
| #2 | Crime Incident<br><b>Paraphernalia- Possessing/concealing Equipment</b> | <input type="checkbox"/> Att<br><input checked="" type="checkbox"/> Com | Location of Incident<br><b>2015 Frontis Plaza Bv, Winston-salem NC 27103</b> | <input type="checkbox"/> Att<br><input checked="" type="checkbox"/> Com | Offense Tract<br><b>322</b>   |                             |
| #3 | Crime Incident  | <input type="checkbox"/> Att<br><input type="checkbox"/> Com            | Premise Type   | <input type="checkbox"/> Att<br><input type="checkbox"/> Com            | Victim Residence Type<br><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

V I C T I M  
#1 Victim/Business Name (Last, First, Middle)  
**DATA OMITTED**

Victim of Crime # **1,2**

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

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**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   |
|----------|-----|--------|-------|----|-----|----------------------|-------------|---|
|          | 11  | 6      |       |    | 1   | DRUG PARAPHERNALIA   |             | DATA OMITTED  |
|          | 20  | EVID   |       |    | 1   | CASH                 | US/Currency | 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<br><b>LANCASTER, J. C. (16061)</b> | ID# | Officer Signature   | Supervisor Signature<br><b>SOMERVILLE, T. J. (16036)</b>  |
| Complainant Signature                      |     | Case Status<br><input type="checkbox"/> Further Investigation<br><input checked="" type="checkbox"/> Inactive<br><input type="checkbox"/> Closed/Cleared<br><input type="checkbox"/> Closed/Leads Exhausted | Case Disposition:<br><input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined<br><input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate<br><input type="checkbox"/> Cleared by Arrest by Another Agency<br><input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined |

**Status**