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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2439476

ORI  
NC NC 0340200

Date / Time Reported  
 Month Day Yr Time  
 11 | 02 | 2024 | 13:40 Hrs.

#1	Crime Incident(s) <b>Drug Violations</b>	<input type="checkbox"/> Att	At Found	Month Day Yr Time	<input type="checkbox"/> S <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	<input type="checkbox"/> S <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	11   02   2024   13:40	Hrs			11   02   2024   13:39	Hrs.	

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident				Offense Tract
		<input type="checkbox"/> Com	7835 North Point Bv, 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:  
 Yes  Unknown  
 No  N/A

VICTIM #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

ID Officer **HOOKER, M. L. (16131)** ID# Officer Signature Supervisor Signature **ARNDT, V. A. (15514)**

Complainant Signature Case Status:  Further Investigation  Inactive  Closed/Cleared  Closed/Leads Exhausted

Case Disposition:  Unfounded  Located  Extradition Declined  
 Cleared by Arrest  Refuse to Cooperate  
 Cleared by Arrest by Another Agency  
 Death of Offender  Prosecution Declined

Status