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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2439719**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**11 | 04 | 2024 | 12:13 Hrs.**

#1	Crime Incident(s) <b>Robbery</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
		<input checked="" type="checkbox"/> Com	<b>11</b>	<b>04</b>	<b>2024</b>	<b>12</b>	<b>13</b>				

Last Known Secure  
 Month Day Yr Time  
**11 | 04 | 2024 | 12:12 Hrs.**

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident							<input type="checkbox"/> Offense Tract
		<input type="checkbox"/> Com	<b>2101 Peters Creek Pw, Winston-salem NC 27127</b>							<b>412</b>

#3	Crime Incident	<input type="checkbox"/> Att	Premise Type							<input type="checkbox"/> 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 I C T I M # 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 V1 Victim/Business Name (Last, First, Middle)  
**DATA OMITTED**

Victim of Crime # **1,** DOB / Age **18** Race **B** Sex **F** Relationship To Offender **1OK** 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
	23	7			1	AIR PODS		DATA OMITTED
	20	7			1	US CURRENCY		FOR
	25	7			1	KURT GEIGER PURSE		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# <b>ROCHELLE, M. D. (16060)</b>	Officer Signature	Supervisor Signature <b>SMITH, D. G. (14704)</b>
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Complainant Signature	Case Status <input checked="" 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
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