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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2439725

ORI  
NC NC 0340200

Date / Time Reported  
Month Day Yr Time  
11 | 04 | 2024 | 12:37 Hrs.

#1	Crime Incident(s) <b>Paraphernalia- Possessing/concealing Equipment</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	11   04   2024   12:37 Hrs									

#2	Crime Incident <b>Legal Process Services</b>	<input type="checkbox"/> Att	Location of Incident <b>400 N Cherry St - BLK, Winston-salem NC 27101</b>	Offense Tract <b>411</b>
	<input checked="" type="checkbox"/> Com			

#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 I C T I M

# of Victims <b>1</b>	Type <input type="checkbox"/> Person <input type="checkbox"/> Business <input checked="" type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown	Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major	Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
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V1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # <b>1, 2</b>	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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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
<b>1</b>	<b>77</b>	<b>EVID</b>			<b>1</b>	<b>CRACK PIPE</b>		<b>DATA OMITTED</b>
								<b>FOR INFORMATION SECURITY PURPOSES ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS</b>

Number of Vehicles Stolen **0** Number Vehicles Recovered **0**

Officer <b>SEREIKA, A. J. (16078)</b>	ID#	Officer Signature	Supervisor Signature <b>SMITH, D. G. (14704)</b>
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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
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