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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2439902

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
11 | 05 | 2024 | 18:51 Hrs.

| | | | | | | | | | |
|----|---|---|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|
| #1 | Crime Incident(s) Drug Violations | <input type="checkbox"/> Att | At Found | <input type="checkbox"/> M | <input type="checkbox"/> W | <input type="checkbox"/> T | <input type="checkbox"/> F | <input type="checkbox"/> S | Last Known Secure |
| | | <input checked="" type="checkbox"/> Com | Month Day Yr Time | | | | | | Month Day Yr Time |
| | | | 11 05 2024 18:51 | | | | | | 11 05 2024 18:50 |

| | | | | | | | | |
|----|----------------|------------------------------|--|--|--|--|--|---------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident | | | | | Offense Tract |
| | | <input type="checkbox"/> Com | 1999 E Tenth St/rich Av, Winston-salem NC | | | | | 222 |

| | | | | | | | | |
|----|----------------|------------------------------|--------------|--|--|--|--|--|
| #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: **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 #: **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**

| | | | |
|---|-----|-------------------|---|
| Officer TAYLOR, J. C. (16205) | ID# | Officer Signature | Supervisor Signature HORSLEY, S. A. (14880) |
|---|-----|-------------------|---|

| | | |
|-----------------------|---|---|
| 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 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 |

Status