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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2440008

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
11 | 06 | 2024 | 11:55 Hrs.

| | | | | | | | |
|----|---|---|-------------------------------|-------------------|-------------------------------|-------------------|-------------------|
| #1 | Crime Incident(s) All Other Fraud | <input checked="" type="checkbox"/> Att | At Found | Month Day Yr Time | <input type="checkbox"/> Com | Last Known Secure | Month Day Yr Time |
| | | <input type="checkbox"/> Com | 11 06 2024 11:55 | Hrs | 11 06 2024 11:54 | Hrs. | |

| | | | | |
|----|----------------|------------------------------|--|---------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident | Offense Tract |
| | | <input type="checkbox"/> Com | 3583 N Patterson Av, Winston-salem NC 27105 | 121 |

| | | | | |
|----|----------------|------------------------------|--------------|--|
| #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 # 1, | DOB / Age | Race | Sex | Relationship To Offender | Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> 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 PEREZ-REYES, D. (16353) | Officer Signature | Supervisor Signature HORSLEY, S. A. (14880) |
| 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 |

Status