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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2440027

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
11 | 06 | 2024 | 15:12 Hrs.

#1	Crime Incident(s) Robbery	<input checked="" type="checkbox"/> Att <input type="checkbox"/> Com	At Found Month Day Yr Time 11 06 2024 15:12 Hrs	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 2299 Cloverdale Av, Winston-salem NC 27103	Last Known Secure Month Day Yr Time 11 06 2024 15:11 Hrs.	Offense Tract 312
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#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type		Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type		Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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MO How Attacked or Committed
DATA OMITTED

Forcible
 Yes N/A No

Weapon / Tools

V I C T I M # of Victims: **2**

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: **IRU** 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: **RAY, C. B. (16356)** ID#: _____ Officer Signature: _____ Supervisor Signature: **LANGDON, S. L. (15223)**

Complainant Signature: _____

Status 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