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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2440093**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**11 | 07 | 2024 | 01:43 Hrs.**

#1	Crime Incident(s) <b>Drug Violations</b>	<input type="checkbox"/> Att	At Found	<input type="checkbox"/> Com	Month Day Yr Time	Last Known Secure
			<b>11   07   2024   01:43 Hrs</b>		<b>11   07   2024   01:42 Hrs.</b>	

#2	Crime Incident <b>Ccw-possession/concealing Weapons</b>	<input type="checkbox"/> Att	Location of Incident <b>W Northwest Bv/n Marshall St, Winston-salem</b>	<input type="checkbox"/> Com	Offense Tract <b>112</b>
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#3	Crime Incident	<input type="checkbox"/> Att	Premise Type	<input type="checkbox"/> Com	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 # 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 Victim/Business Name (Last, First, Middle): **DATA OMITTED**

V Victim of Crime #: **1,2**

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
	13	EVID			1	(9MM) FIREARMS/AMMUNITION	GLOCK/26 Gen 5	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: **LANCASTER, J. R. (16219)** ID#: \_\_\_\_\_ Officer Signature: \_\_\_\_\_ Supervisor Signature: **WILLIAMS, K. A. (15631)**

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