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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2440110

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
11 | 07 | 2024 | 08:28 Hrs.

#1 Crime Incident(s)
Trespassing

Att
 Com
At Found
Month Day Yr Time
11 | 07 | 2024 | 08:28 Hrs.

Last Known Secure
Month Day Yr Time
11 | 07 | 2024 | 08:27 Hrs.

#2 Crime Incident

Att
 Com
Location of Incident
163 Stratford Ct, Winston-salem NC 27103

Offense Tract
312

#3 Crime Incident

Att
 Com
Premise Type

Victim Residence Type
 Single Family Multi Family

MO How Attacked or Committed
DATA OMITTED

Forcible
 Yes N/A
 No

Weapon / Tools

V # 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 #
1,

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

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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 **ARAUZ, C. A. (15658)** ID# _____ Officer Signature _____ Supervisor Signature **LANGDON, S. L. (15223)**

Complainant Signature _____ 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

Status