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Agency Name  
**WINSTON-SALEM POLICE**

ORI  
**NC NC 0340200**

**INCIDENT/INVESTIGATION  
REPORT**

OCA  
**2440793**

Date / Time Reported  
Month Day Yr Time  
**11 | 08 | 2024 | 19:22 Hrs.**

Last Known Secure  
Month Day Yr Time  
**11 | 08 | 2024 | 19:21 Hrs.**

At Found  
Month Day Yr Time  
**11 | 08 | 2024 | 19:22 Hrs.**

Location of Incident  
**3044 Gilmer Av, Winston-salem NC 27105**

Premise Type

Offense Tract  
**121**

Victim Residence Type  
 Single Family  Multi Family

#1	Crime Incident(s) <b>Obtaining Money By False Pretense</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>11   08   2024   19:22 Hrs.</b>	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>3044 Gilmer Av, Winston-salem NC 27105</b>	Offense Tract <b>121</b>
#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>3044 Gilmer Av, Winston-salem NC 27105</b>	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	Victim Residence Type <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 # 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  
V1 Victim/Business Name (Last, First, Middle)  
**DATA OMITTED**

Victim of Crime #  
**1,**

DOB / Age  
**34**

Race  
**B**

Sex  
**M**

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**

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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
<b>1</b>	<b>20</b>	<b>7</b>			<b>1</b>	<b>MONEY/CASH</b>		<b>DATA OMITTED</b>
								<b>FOR</b>
								<b>INFORMATION</b>
								<b>SECURITY</b>
								<b>PURPOSES</b>
								<b>ONLY THE FIRST</b>
								<b>TWELVE PROPERTY</b>
								<b>ITEMS ARE</b>
								<b>DISPLAYED ON</b>
								<b>P2C REPORTS</b>

Number of Vehicles Stolen **0** Number Vehicles Recovered **0**

ID	Officer <b>PENN, A. L. (15808)</b>	ID#	Officer Signature	Supervisor Signature <b>MATTISON, G. M. (15167)</b>
Status	Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input checked="" 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	Page 1