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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2440948

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
11 | 13 | 2024 | 09:23 Hrs.

#1	Crime Incident(s) Larceny- All Other	<input type="checkbox"/> Att	At Found	Month Day Yr Time	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S																		
		<input checked="" type="checkbox"/> Com	11	13	2024	09	23																						
			Last Known Secure			Month Day Yr Time			<input type="checkbox"/> S			<input type="checkbox"/> M			<input type="checkbox"/> T			<input type="checkbox"/> W			<input type="checkbox"/> T			<input type="checkbox"/> F			<input type="checkbox"/> S		
			11			13			2024			09			22														

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident									Offense Tract					
		<input type="checkbox"/> Com	501 Reynolds Bv, Winston-salem NC									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 # 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

VICTIM	#1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1,	DOB / Age 41	Race B	Sex M	Relationship To Offender IRU	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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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
1	25	7			1	BOOK BAG		DATA OMITTED
								FOR INFORMATION SECURITY PURPOSES ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS

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

Officer ID# TROPEANO, D. (16256)	Officer Signature	Supervisor Signature CLARK, D. C. (15090)
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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
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Status