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Agency Name  
**WINSTON-SALEM POLICE**

ORI  
**NC NC 0340200**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2441267**

Date / Time Reported  
 Month Day Yr Time  
**11 | 15 | 2024 | 13:26 Hrs.**

Last Known Secure  
 Month Day Yr Time  
**11 | 15 | 2024 | 13:25 Hrs.**

At Found  
 Month Day Yr Time  
**11 | 15 | 2024 | 13:26 Hrs.**

Location of Incident  
**1501 E Fifteenth St, Winston-salem NC 27105**

Premise Type

Victim Residence Type  
 Single Family  Multi Family

#1	Crime Incident(s) <b>Larceny- All Other</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>11   15   2024   13:26 Hrs.</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <b>1501 E Fifteenth St, Winston-salem NC 27105</b>	Offense Tract <b>222</b>
#2	Crime Incident <b>Obtaining Money By False Pretense</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com		<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com		
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com		<input type="checkbox"/> Att <input type="checkbox"/> Com		

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 #1

Victim/Business Name (Last, First, Middle)  
**DATA OMITTED**

Victim of Crime # **1,2**

DOB / Age **58**

Race **B**

Sex **F**

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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**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>21</b>	<b>7</b>			<b>2</b>	<b>CHECK</b>		<b>DATA OMITTED</b>
<b>1</b>	<b>20</b>	<b>7</b>			<b>1</b>	<b>MONEY/CASH</b>		<b>FOR INFORMATION SECURITY PURPOSES ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON 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>MITCHELL, J. R. (15672)</b>
<b>Status</b>	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