

I
N
C
I
D
E
N
T
D
A
T
A

Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2441532

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
11 | 17 | 2024 | 17:09 Hrs.

#1	Crime Incident(s) Overdose	<input type="checkbox"/> Att	At Found	Month Day Yr Time	Last Known Secure	Month Day Yr Time
		<input checked="" type="checkbox"/> Com		11 17 2024 17:09 Hrs		11 17 2024 17:08 Hrs.

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident	Offense Tract
		<input type="checkbox"/> Com	Lowery St_sb 421 Ra/sb 421, Winston-salem NC	211

#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 I C T I M # of Victims: **0**

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 #

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
-----	------	-------	-------	-------	---------	-----

O
T
H
E
R
S

DATA OMITTED

I
N
V
O
L
V
E
D

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
	38	OTHE			1	PASSENGER WINDOW		DATA OMITTED
	VAN	OTHE			1	2002 WHI, HD91830 NC	CHRY Town &	FOR INFORMATION SECURITY PURPOSES
								ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS

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

Officer ALLRED, L. C. (16044)	ID#	Officer Signature	Supervisor Signature GEDDINGS, H. L. (14851)
---	-----	-------------------	--

Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input checked="" 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
-----------------------	---	---	--------