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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2441972**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**11 | 21 | 2024 | 07:09 Hrs.**

#1	Crime Incident(s) <b>50b Order Violation</b>	<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	<b>11</b>	<b>06</b>	<b>2024</b>	<b>00:00</b>					

Last Known Secure  
 Month Day Yr Time  
**11 | 05 | 2024 | 00:00 Hrs.**

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident <b>201 N Church St, Winston-salem NC 27101</b>							Offense Tract <b>411</b>
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#3	Crime Incident	<input type="checkbox"/> Att	Premise Type							Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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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,** DOB / Age **20** Race **W** Sex **F** 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

**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>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 **YOUNT, J. C. (16144)** ID# Officer Signature Supervisor Signature **GERALD, J. B. (15409)**

Complainant Signature

Status 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