

I
N
C
I
D
E
N
T
I
F
I
C
A
T
I
O
N
N
U
M
B
E
R

Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2442372

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
11 | 23 | 2024 | 22:31 Hrs.

| | | | | | |
|----|--|------------------------------|---|--|--|
| #1 | Crime Incident(s) Paraphernalia- Possessing/concealing Equipment | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | At Found Month Day Yr Time 11 23 2024 22:31 Hrs | Last Known Secure Month Day Yr Time 11 23 2024 22:30 Hrs. |
|----|--|------------------------------|---|--|--|

| | | | | | |
|----|----------------|------------------------------|------------------------------|--|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Location of Incident 1522 N Liberty St, Winston-salem NC 27105 | Offense Tract 223 |
|----|----------------|------------------------------|------------------------------|--|-----------------------------|

| | | | | | |
|----|----------------|------------------------------|------------------------------|--------------|---|
| #3 | Crime Incident | <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:
 No Yes Unknown N/A

V I C T I M

| | | | | | | | |
|----|---|--------------------------------|-----------|------|-----|--------------------------|---|
| #1 | Victim/Business Name (Last, First, Middle) DATA OMITTED | Victim of Crime # 1, | DOB / Age | Race | Sex | Relationship To Offender | Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> 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

I
N
V
O
L
V
E
D

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 |
|----------|-----------|----------|-------|----|----------|----------------------------------|------------|--|
| | 11 | 6 | | | 1 | DRUGS/NARCOTICS EQUIPMENT | | DATA OMITTED |
| | | | | | | | | 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 REYES, J. M. (16183) | Officer Signature MITCHELL, J. R. (15672) |
|--|---|

| | | |
|-----------------------|--|---|
| Complainant Signature | Case Status <input type="checkbox"/> Further Investigation <input 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 |
|-----------------------|--|---|

Status