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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2443066**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**11 | 29 | 2024 | 17:34 Hrs.**

#1	Crime Incident(s) <b>Larceny- All Other</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>29</b>	<b>2024</b>	<b>17</b>	<b>34</b>				

Last Known Secure  
 Month Day Yr Time  
**11 | 29 | 2024 | 17:33 Hrs.**

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident							Offense Tract
		<input type="checkbox"/> Com	<b>2810 Carriage Dr - A, Winston-salem NC 27106</b>							<b>113</b>

#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

V I C T I M  
 #1 Victim/Business Name (Last, First, Middle)  
**DATA OMITTED**

Victim of Crime # **1,** DOB / Age **32** Race **B** Sex **M**

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>1</b>	<b>20</b>	<b>7</b>			<b>1</b>	<b>CASH</b>		<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 **EVANOFSKI, M. A. (16127)** ID# Officer Signature Supervisor Signature **MATTISON, G. M. (15167)**

Complainant Signature

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

**Status**