

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  
**2443104**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**11 | 29 | 2024 | 23:13 Hrs.**

#1	Crime Incident(s) <b>Paraphernalia- Possessing/concealing Equipment</b>	<input type="checkbox"/> Att	At Found	Month	Day	Yr	Time	S	M	T	W	T	F	S
		<input checked="" type="checkbox"/> Com	<b>11</b>	<b>29</b>	<b>2024</b>	<b>23:13</b>								

Last Known Secure	Month	Day	Yr	Time	S	M	T	W	T	F	S
	<b>11</b>	<b>29</b>	<b>2024</b>	<b>23:12</b>							

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident										Offense Tract
		<input type="checkbox"/> Com	<b>1305 N Liberty St, Winston-salem NC 27101</b>										<b>222</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 <b>DATA OMITTED</b>	Forcible	Weapon / Tools	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

# of Victims <b>1</b>	Type <input type="checkbox"/> Person <input type="checkbox"/> Business <input checked="" type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown	Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major	Drug/Alcohol Use:	
			<input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

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

Home Address <b>DATA OMITTED</b>	Home Phone
-------------------------------------	------------

Employer Name/Address <b>DATA OMITTED</b>	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
<b>1</b>	<b>11</b>	<b>6</b>			<b>1</b>	<b>CRACK PIPE</b>		<b>DATA OMITTED</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**

Officer <b>LONG, Z. M. (16382)</b>	Officer Signature <b>CROKE, B. K. (15602)</b>
---------------------------------------	--

Complainant Signature	Case Status	Case Disposition:	
	<input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	<input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender	<input type="checkbox"/> Located <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Prosecution Declined