

I  
N  
C  
I  
D  
E  
N  
T  
I  
F  
I  
C  
A  
T  
I  
O  
N

Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2443156**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr | S M T W T F S  
**11 | 30 | 2024 | 12:31 Hrs.**

|    |  |                              |   |  |                              |   |   |
|----|--|------------------------------|---|--|------------------------------|---|---|
| #1 | Crime Incident(s)<br><b>Paraphernalia- Possessing/concealing Equipment</b> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | At Found<br>Month Day Yr   S M T W T F S<br><b>11   30   2024   12:31 Hrs.</b> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | Last Known Secure<br>Month Day Yr   S M T W T F S<br><b>11   30   2024   12:30 Hrs.</b> |
|----|--|------------------------------|---|--|------------------------------|---|---|

|    |                                      |                              |   |  |                             |
|----|--------------------------------------|------------------------------|---|--|-----------------------------|
| #2 | Crime Incident<br><b>Trespassing</b> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | Location of Incident<br><b>615 Peters Creek Pw, Winston-salem NC 27103</b> | Offense Tract<br><b>412</b> |
|----|--------------------------------------|------------------------------|---|--|-----------------------------|

|    |                |                              |                              |              |   |
|----|----------------|------------------------------|------------------------------|--------------|---|
| #3 | Crime Incident | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Premise Type | Victim Residence Type<br><input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family |
|----|----------------|------------------------------|------------------------------|--------------|---|

|  |   |                |
|--|---|----------------|
| MO<br>How Attacked or Committed<br><b>DATA OMITTED</b> | Forcible<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> No | Weapon / Tools |
|--|---|----------------|

|                          |   |   |   |
|--------------------------|---|---|---|
| # of Victims<br><b>2</b> | Type<br><input type="checkbox"/> Person <input type="checkbox"/> Business<br><input checked="" type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute<br><input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown | Injury<br><input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth<br><input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations<br><input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major | Drug/Alcohol Use:<br><input type="checkbox"/> Yes <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
|--------------------------|---|---|---|

|        |   |                                  |           |      |     |                          |   |
|--------|---|----------------------------------|-----------|------|-----|--------------------------|---|
| VICTIM | Victim/Business Name (Last, First, Middle)<br><b>DATA OMITTED</b> | Victim of Crime #<br><b>1,2,</b> | DOB / Age | Race | Sex | Relationship To Offender | Resident Status<br><input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><input type="checkbox"/> Unknown |
|--------|---|----------------------------------|-----------|------|-----|--------------------------|---|

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

|  |                |
|--|----------------|
| Employer Name/Address<br><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>DRUGS/NARCOTICS EQUIPMENT</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<br><b>ROSE, T. C. (16290)</b> | ID# | Officer Signature | Supervisor Signature<br><b>WHELAN, L. T. (15232)</b> |
|---------------------------------------|-----|-------------------|--|

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

**Status**