

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

Agency Name
WINSTON-SALEM POLICE

ORI
NC NC 0340200

INCIDENT/INVESTIGATION REPORT

OCA
2443168

Date / Time Reported
 Month Day Yr Time
11 | 30 | 2024 | 16:12 Hrs.

Last Known Secure
 Month Day Yr Time
11 | 30 | 2024 | 16:11 Hrs.

At Found
 Month Day Yr Time
11 | 30 | 2024 | 16:12 Hrs.

Location of Incident
1459 E Fifth St/n Dunleith Av, Winston-salem NC

Premise Type

Victim Residence Type
 Single Family Multi Family

#1	Crime Incident(s) Paraphernalia- Possessing/concealing Equipment	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 11 30 2024 16:12 Hrs.	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident 1459 E Fifth St/n Dunleith Av, Winston-salem NC	Offense Tract 221
#2	Crime Incident Resisting Arrest	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident 1459 E Fifth St/n Dunleith Av, Winston-salem NC	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Premise Type	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	<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:
 Yes Unknown
 No N/A

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

Victim of Crime # **1,2**

DOB / Age

Race

Sex

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
-----	------	-------	-------	-------	---------	-----

O
T
H
E
R

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	DRUG PARAPHERNALIA	STEM	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 LANCASTER, A. W. (16169)	Officer Signature	Supervisor Signature COLLINS, A. B. (14763)
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