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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2443301

ORI
NC NC 0340200

Date / Time Reported S M T W T F S
 Month Day Yr Time
12 | 01 | 2024 | 19:56 Hrs.

#1	Crime Incident(s) Vandalism	<input type="checkbox"/> Att	At Found	<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 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	Last Known Secure
		<input checked="" type="checkbox"/> Com	Month Day Yr Time			Month Day Yr Time
			12 01 2024 19:56 Hrs			12 01 2024 19:55 Hrs.

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident			Offense Tract
		<input type="checkbox"/> Com	2401 Markwood Ln, Winston-salem NC 27107			213

#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

VICTIM #1 Victim/Business Name (Last, First, Middle)
DATA OMITTED

Victim of Crime # **1,** DOB / Age **40** Race **W** Sex **F** Relationship To Offender **IFR** 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

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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
	30	4			1	DOOR		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 EDRIS, C. (16220)	ID#	Officer Signature	Supervisor Signature MITCHELL, J. R. (15672)
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Complainant Signature	Case Status	Case Disposition:	
	<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined	
	<input type="checkbox"/> Inactive	<input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate	
	<input type="checkbox"/> Closed/Cleared	<input type="checkbox"/> Cleared by Arrest by Another Agency	
	<input type="checkbox"/> Closed/Leads Exhausted	<input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined	