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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2443361

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
12 | 02 | 2024 | 11:14 Hrs.

#1	Crime Incident(s) Lost Property	<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	Last Known Secure
		<input checked="" type="checkbox"/> Com	Month Day Yr Time							Month Day Yr Time
			11 30 2024 14:30 Hrs							11 30 2024 14:10 Hrs.

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident						Offense Tract
		<input type="checkbox"/> Com	200 S Stratford Rd, Winston-salem NC 27103						321

#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 I C T I M # of Victims: **0**

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 #

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
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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
	17	LOST			1	SIGNET RING		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 ID# ALLEN, S. E. (15310)	Officer Signature	Supervisor Signature BURKS, C. M. (15216)
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Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input checked="" 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
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