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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2444172

ORI  
NC NC 0340200

Date / Time Reported  
Month Day Yr Time  
12 | 09 | 2024 | 01:27 Hrs.

#1	Crime Incident(s) <i>Larceny- All Other</i>	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 12   09   2024   01:27 Hrs.	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	Last Known Secure Month Day Yr Time 12   09   2024   01:26 Hrs.
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#2	Crime Incident	<input type="checkbox"/> Att	<input type="checkbox"/> Com	Location of Incident <i>5034 Raven Rd, Winston-salem NC 27105</i>	Offense Tract <i>124</i>
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#3	Crime Incident	<input type="checkbox"/> Att	<input type="checkbox"/> Com	Premise Type	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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MO How Attacked or Committed  
DATA OMITTED

Forcible  
 Yes  N/A  No

Weapon / Tools

V I C T I M # 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 #: *I,* 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

**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
<i>1</i>	<i>02</i>	<i>7</i>			<i>4</i>	<i>ALCOHOLIC BEVERAGE</i>	<i>MODELO</i>	<i>DATA OMITTED</i>
<i>1</i>	<i>02</i>	<i>7</i>			<i>4</i>	<i>ALCOHOLIC BEVERAGE</i>	<i>CORONA</i>	<i>FOR</i>
								<i>INFORMATION</i>
								<i>SECURITY</i>
								<i>PURPOSES</i>
								<i>ONLY THE FIRST</i>
								<i>TWELVE PROPERTY</i>
								<i>ITEMS ARE</i>
								<i>DISPLAYED ON</i>
								<i>P2C REPORTS</i>

Number of Vehicles Stolen *0* Number Vehicles Recovered *0*

Officer <i>SCHAEFER, B. S. (16050)</i>	ID#	Officer Signature	Supervisor Signature <i>GEOGHEGAN, M. R. (16168)</i>
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Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input checked="" 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	Page 1
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