

INCIDENT DATE AND TIME

Agency Name  
**WINSTON-SALEM POLICE**

ORI  
**NC NC 0340200**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2444300**

Date / Time Reported  
 Month Day Yr Time  
**12 | 10 | 2024 | 00:48 Hrs.**

Last Known Secure  
 Month Day Yr Time  
**12 | 10 | 2024 | 00:47 Hrs.**

At Found  
 Month Day Yr Time  
**12 | 10 | 2024 | 00:48 Hrs.**

Location of Incident  
**610 Foxcroft Dr, Winston-salem NC 27103**

Premise Type

Offense Tract  
**323**

Victim Residence Type  
 Single Family  Multi Family

#1	Crime Incident(s) <b>Drug Violations</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>12   10   2024   00:48 Hrs.</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <b>610 Foxcroft Dr, Winston-salem NC 27103</b>	Offense Tract <b>323</b>
#2	Crime Incident <b>Paraphernalia- Possessing/concealing Equipment</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <b>610 Foxcroft Dr, Winston-salem NC 27103</b>	<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 <b>Violation Of City/county Ordinance</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Premise Type	<input type="checkbox"/> Att <input checked="" 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

VICTIM #1

Victim/Business Name (Last, First, Middle)  
**DATA OMITTED**

Victim of Crime #  
**1,2,3**

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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OTHERS

DATA OMITTED

INVESTIGATIVE

**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>11</b>	<b>6</b>			<b>1</b>	<b>MARIJUANA PARAPHERNALIA</b>		<b>DATA OMITTED</b>
								<b>FOR INFORMATION SECURITY PURPOSES ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS</b>

PROPERTY

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

Officer <b>HINES, K. J. (16247)</b>	Officer Signature	Supervisor Signature <b>WELLS, S. S. (15941)</b>
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

**Status**