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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2445056**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**12 | 16 | 2024 | 00:00** Hrs.

|    |   |   |                               |                            |                            |                            |                            |                            |                            |                               |
|----|---|---|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|
| #1 | Crime Incident(s)<br><b>Drug Violations</b> | <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             |
|    |   |   | <b>12   16   2024   00:00</b> |                            |                            |                            |                            |                            |                            | <b>12   15   2024   23:59</b> |

|    |                |                              |  |  |  |  |  |  |               |
|----|----------------|------------------------------|--|--|--|--|--|--|---------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident                                 |  |  |  |  |  | Offense Tract |
|    |                | <input type="checkbox"/> Com | <b>2093 Peters Creek Pw/hutton St, Winston-salem</b> |  |  |  |  |  | <b>412</b>    |

|    |                |                              |              |  |  |  |  |  |  |
|----|----------------|------------------------------|--------------|--|--|--|--|--|--|
| #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

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

Victim of Crime # **1,** 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          |
|----------|-----|--------|-------|----|-----|----------------------|------------|------------------------|
|          |     |        |       |    |     |                      |            | <b>DATA OMITTED</b>    |
|          |     |        |       |    |     |                      |            | <b>FOR</b>             |
|          |     |        |       |    |     |                      |            | <b>INFORMATION</b>     |
|          |     |        |       |    |     |                      |            | <b>SECURITY</b>        |
|          |     |        |       |    |     |                      |            | <b>PURPOSES</b>        |
|          |     |        |       |    |     |                      |            | <b>ONLY THE FIRST</b>  |
|          |     |        |       |    |     |                      |            | <b>TWELVE PROPERTY</b> |
|          |     |        |       |    |     |                      |            | <b>ITEMS ARE</b>       |
|          |     |        |       |    |     |                      |            | <b>DISPLAYED ON</b>    |
|          |     |        |       |    |     |                      |            | <b>P2C REPORTS</b>     |

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

|  |     |                   |   |
|--|-----|-------------------|---|
| Officer<br><b>MERCADO, O. J. (16254)</b> | ID# | Officer Signature | Supervisor Signature<br><b>COLLIER, L. B. (15465)</b> |
|--|-----|-------------------|---|

|                       |  |   |               |
|-----------------------|--|---|---------------|
| Complainant Signature | Case Status<br><input type="checkbox"/> Further Investigation<br><input type="checkbox"/> Inactive<br><input type="checkbox"/> Closed/Cleared<br><input type="checkbox"/> Closed/Leads Exhausted | Case Disposition:<br><input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined<br><input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate<br><input type="checkbox"/> Cleared by Arrest by Another Agency<br><input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined | <b>Page 1</b> |
|-----------------------|--|---|---------------|