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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2445063

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
12 | 16 | 2024 | 04:39 Hrs.

#1	Crime Incident(s) Drug Violations	<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
			12 16 2024 04:39 Hrs							12 16 2024 04:38 Hrs.

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident						Offense Tract
		<input type="checkbox"/> Com	2985 Fairlawn Dr, Winston-salem NC 27106						113

#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: **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
								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 CONWAY, A. J. (16270)	ID#	Officer Signature	Supervisor Signature WILLIAMS, K. A. (15631)
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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