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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2445139**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**12 | 16 | 2024 | 15:23 Hrs.**

|    |  |                              |   |   |                              |   |  |
|----|--|------------------------------|---|---|------------------------------|---|--|
| #1 | Crime Incident(s)<br><b>Missing Person</b> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | At Found<br>Month Day Yr Time<br><b>12   16   2024   15:23 Hrs.</b> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | Last Known Secure<br>Month Day Yr Time<br><b>12   12   2024   09:00 Hrs.</b> |
|----|--|------------------------------|---|---|------------------------------|---|--|

|    |                |                              |                              |  |                             |
|----|----------------|------------------------------|------------------------------|--|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Location of Incident<br><b>618 Mock St, Winston-salem NC 27127</b> | Offense Tract<br><b>412</b> |
|----|----------------|------------------------------|------------------------------|--|-----------------------------|

|    |                |                              |                              |              |   |
|----|----------------|------------------------------|------------------------------|--------------|---|
| #3 | Crime Incident | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Premise Type | Victim Residence Type<br><input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family |
|----|----------------|------------------------------|------------------------------|--------------|---|

|  |   |                |
|--|---|----------------|
| MO<br>How Attacked or Committed<br><b>DATA OMITTED</b> | Forcible<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> No | Weapon / Tools |
|--|---|----------------|

|                          |   |   |   |
|--------------------------|---|---|---|
| # of Victims<br><b>1</b> | Type<br><input checked="" type="checkbox"/> Person <input type="checkbox"/> Business<br><input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute<br><input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown | Injury<br><input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth<br><input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations<br><input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major | Drug/Alcohol Use:<br><input type="checkbox"/> Yes <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
|--------------------------|---|---|---|

|                            |   |                                |                        |                  |                 |  |  |
|----------------------------|---|--------------------------------|------------------------|------------------|-----------------|--|--|
| V<br>I<br>C<br>T<br>I<br>M | Victim/Business Name (Last, First, Middle)<br><b>DATA OMITTED</b> | Victim of Crime #<br><b>1,</b> | DOB / Age<br><b>26</b> | Race<br><b>B</b> | Sex<br><b>M</b> | Relationship To Offender<br><b>IRU</b> | Resident Status<br><input checked="" type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><input type="checkbox"/> Unknown |
|----------------------------|---|--------------------------------|------------------------|------------------|-----------------|--|--|

|                                     |            |
|-------------------------------------|------------|
| Home Address<br><b>DATA OMITTED</b> | Home Phone |
|-------------------------------------|------------|

|  |                |
|--|----------------|
| Employer Name/Address<br><b>DATA OMITTED</b> | 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>MERRITT, T. J. (16357)</b> | Officer Signature   | Supervisor Signature<br><b>WHELAN, L. T. (15232)</b>  |
| Complainant Signature                    | Case Status<br><input checked="" 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 |

**Status**