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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2445535**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**12 | 19 | 2024 | 14:45 Hrs.**

#1	Crime Incident(s) <b>50b Order Violation</b>	<input type="checkbox"/> Att	At Found	Month Day Yr Time	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> S																		
		<input checked="" type="checkbox"/> Com		<b>12   19   2024   14:45 Hrs</b>																									
			Last Known Secure			Month Day Yr Time			<input type="checkbox"/> S			<input type="checkbox"/> M			<input type="checkbox"/> T			<input type="checkbox"/> W			<input type="checkbox"/> Th			<input type="checkbox"/> F			<input type="checkbox"/> S		
						<b>12   19   2024   14:44 Hrs.</b>																							

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident							Offense Tract						
		<input type="checkbox"/> Com	<b>1310 E Second St, Winston-salem NC 27101</b>							<b>221</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 I C T I M # of Victims: **2**

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) <b>DATA OMITTED</b>	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
		<b>1,</b>	<b>22</b>	<b>B</b>	<b>F</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> 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 <b>WILLIAMS, C. D. (16372)</b>	ID#	Officer Signature	Supervisor Signature <b>MULLINS, B. H. (15079)</b>
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

**Status**