

I  
N  
C  
I  
D  
E  
N  
T  
I  
F  
I  
C  
A  
T  
I  
O  
N  
N  
U  
M  
B  
E  
R

Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2482250**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**06 | 28 | 2024 | 15:28 Hrs.**

#1	Crime Incident(s) <b>All Other Fraud</b>	<input checked="" type="checkbox"/> Att <input type="checkbox"/> Com	At Found Month Day Yr Time <b>06   28   2023   15:20 Hrs</b>	Last Known Secure Month Day Yr Time <b>06   28   2023   15:20 Hrs.</b>
----	---	---	--	--

#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>6765 Capstone Ct, Winston-salem NC 27045</b>	Offense Tract <b>124</b>
----	----------------	--	---	-----------------------------

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

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

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

VIC #1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1</b>	DOB / Age <b>42</b>	Race <b>W</b>	Sex <b>M</b>	Relationship To Offender <b>RU</b>	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
-----------	---	-------------------------------	------------------------	------------------	-----------------	---------------------------------------	--

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

Employer Name/Address <b>DATA OMITTED</b>	Business Phone
--	----------------

VYR	Make	Model	Style	Color	Lic/Lis	Vin
-----	------	-------	-------	-------	---------	-----

O  
T  
H  
E  
R  
  
I  
N  
V  
O  
L  
V  
E  
D

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>ALEXANDER, J. C. (15741)</b>	ID#	Officer Signature	Supervisor Signature <b>ALEXANDER, J. C. (15741)</b>
--	-----	-------------------	---

Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input checked="" 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	<b>Page 1</b>
-----------------------	---	---	---------------