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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2482464**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**07 | 16 | 2024 | 12:21 Hrs.**

#1	Crime Incident(s) <b>Identity Theft</b>	<input type="checkbox"/> Att	At Found	Month	Day	Yr	Time	S	M	T	W	T	F	S
		<input checked="" type="checkbox"/> Com	<b>10</b>	<b>26</b>	<b>2023</b>	<b>12:45</b>	Hrs	Last Known Secure Month Day Yr Time <b>10   26   2023   12:45 Hrs.</b>						

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident <b>175 N Chestnut St, Winston-salem NC 27101</b>										<input type="checkbox"/> Com	Offense Tract <b>111</b>
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#3	Crime Incident	<input type="checkbox"/> Att	Premise Type										<input type="checkbox"/> Com	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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MO How Attacked or Committed  
**DATA OMITTED**

Forcible  Yes  N/A  No  
 Weapon / Tools

V I C T I M

# of Victims <b>1</b>	Type <input type="checkbox"/> Person <input checked="" 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
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V1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1</b>	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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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>1</b>	<b>66</b>	<b>7</b>			<b>1</b>	<b>IDENTITY-INTANGIBLE</b>		<b>DATA OMITTED</b>
								<b>FOR INFORMATION SECURITY PURPOSES ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS</b>

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

Officer <b>WADDELL, J. A. (15882)</b>	Officer Signature <b>WADDELL, J. A. (15882)</b>	Supervisor Signature <b>WADDELL, J. A. (15882)</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

**Status**