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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2483322**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**09 | 25 | 2024 | 09:41 Hrs.**

|    |  |                              |   |  |  |
|----|--|------------------------------|---|--|--|
| #1 | Crime Incident(s)<br><b>Larceny- All Other</b> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | At Found<br>Month Day Yr Time<br><b>09   24   2024   19:30 Hrs</b> | Last Known Secure<br>Month Day Yr Time<br><b>09   24   2024   19:30 Hrs.</b> |
|----|--|------------------------------|---|--|--|

|    |                |                              |                              |   |                             |
|----|----------------|------------------------------|------------------------------|---|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Location of Incident<br><b>1509 E Twenty-fifth St, Winston-salem NC 27105</b> | Offense Tract<br><b>223</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 How Attacked or Committed  
**DATA OMITTED**

Forcible  Yes  N/A  
 No

Weapon / Tools

V I C T I M

|                          |   |   |   |
|--------------------------|---|---|---|
| # of Victims<br><b>1</b> | Type<br><input type="checkbox"/> Person <input checked="" 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 |
|--------------------------|---|---|---|

|    |   |                               |           |      |     |                          |   |
|----|---|-------------------------------|-----------|------|-----|--------------------------|---|
| V1 | Victim/Business Name (Last, First, Middle)<br><b>DATA OMITTED</b> | Victim of Crime #<br><b>1</b> | DOB / Age | Race | Sex | Relationship To Offender | Resident Status<br><input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><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>1</b> | <b>99</b> | <b>7</b> |       |    | <b>10</b> | <b>OTHER</b>         | <b>Scaffold</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 ID#<br><b>ALEXANDER, J. C. (15741)</b> | Officer Signature   | Supervisor Signature<br><b>ALEXANDER, J. C. (15741)</b>   |
| Complainant Signature                          | Case Status<br><input type="checkbox"/> Further Investigation<br><input type="checkbox"/> Inactive<br><input checked="" 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**