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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2483480**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**10 | 08 | 2024 | 01:41 Hrs.**

|    |  |                              |                                   |   |  |
|----|--|------------------------------|-----------------------------------|---|--|
| #1 | Crime Incident(s)<br><b>Larceny- All Other</b> | <input type="checkbox"/> Att | At Found<br>Month Day Yr Time     | <input checked="" type="checkbox"/> Com | Last Known Secure<br>Month Day Yr Time |
|    |  |                              | <b>10   07   2024   10:15 Hrs</b> |   | <b>10   07   2024   10:15 Hrs.</b>     |

|    |                |                              |  |                             |
|----|----------------|------------------------------|--|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident<br><b>421 W Twenty-seventh St, Winston-salem NC</b> | Offense Tract<br><b>121</b> |
|----|----------------|------------------------------|--|-----------------------------|

|    |                |                              |              |   |
|----|----------------|------------------------------|--------------|---|
| #3 | Crime Incident | <input type="checkbox"/> Att | 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 # of Victims **1**

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

|        |   |                               |                        |                  |                 |                                       |  |
|--------|---|-------------------------------|------------------------|------------------|-----------------|---------------------------------------|--|
| VICTIM | Victim/Business Name (Last, First, Middle)<br><b>DATA OMITTED</b> | Victim of Crime #<br><b>1</b> | DOB / Age<br><b>22</b> | Race<br><b>I</b> | Sex<br><b>M</b> | Relationship To Offender<br><b>RU</b> | Resident Status<br><input checked="" 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>65N</b> | <b>7</b> |       |    | <b>1</b> | <b>IDENTITY DOCUMENTS</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 checked="" 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**