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Agency Name
WINSTON-SALEM POLICE

ORI
NC NC 0340200

INCIDENT/INVESTIGATION REPORT

OCA
2483490

Date / Time Reported
Month Day Yr Time
10 | 08 | 2024 | 13:30 Hrs.

Last Known Secure
Month Day Yr Time
10 | 08 | 2024 | 13:20 Hrs.

At Found
Month Day Yr Time
10 | 08 | 2024 | 13:20 Hrs.

Location of Incident
3227 Old Vineyard Rd, Winston-salem NC 27103

Offense Tract
321

Premise Type

Victim Residence Type
 Single Family Multi Family

| | | | | |
|----|---|---|---|---|
| #1 | Crime Incident(s) Communicating Threats -intimidation, Non Physical | <input type="checkbox"/> Att <input checked="" type="checkbox"/> Com | At Found Month Day Yr Time 10 08 2024 13:20 Hrs. | Last Known Secure Month Day Yr Time 10 08 2024 13:20 Hrs. |
| #2 | Crime Incident | <input type="checkbox"/> Att <input type="checkbox"/> Com | Location of Incident 3227 Old Vineyard Rd, Winston-salem NC 27103 | Offense Tract 321 |
| #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
DATA OMITTED

Forcible
 Yes N/A No

Weapon / Tools

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/Business Name (Last, First, Middle)
DATA OMITTED

Victim of Crime # **1**

DOB / Age **37**

Race **B**

Sex **M**

Relationship To Offender **RU**

Resident Status
 Resident
 Non-Resident
 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

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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 |
|----------|-----|--------|-------|----|-----|----------------------|------------|-----------------|
| | | | | | | | | DATA OMITTED |
| | | | | | | | | FOR |
| | | | | | | | | INFORMATION |
| | | | | | | | | SECURITY |
| | | | | | | | | PURPOSES |
| | | | | | | | | ONLY THE FIRST |
| | | | | | | | | TWELVE PROPERTY |
| | | | | | | | | ITEMS ARE |
| | | | | | | | | DISPLAYED ON |
| | | | | | | | | P2C REPORTS |

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

| | | | | |
|--------|--|---|---|---|
| ID | Officer ALEXANDER, J. C. (15741) | ID# | Officer Signature | Supervisor Signature ALEXANDER, J. C. (15741) |
| Status | Complainant Signature | Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input checked="" 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 | Page 1 |