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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2483650

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
10 | 25 | 2024 | 10:59 Hrs.

| | | | | | | |
|----|---|------------------------------|-----------------------------------|------------------------------|------------------------------------|-------------------|
| #1 | Crime Incident(s) Communicating Threats -intimidation, Non Physical | <input type="checkbox"/> Att | At Found | <input type="checkbox"/> Com | Month Day Yr Time | Last Known Secure |
| | | | 10 25 2024 10:10 Hrs | | 10 25 2024 10:10 Hrs. | |

| | | | | | |
|----|----------------|------------------------------|---|------------------------------|---------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident | <input type="checkbox"/> Com | Offense Tract |
| | | | 2270 Pleasant St, Winston-salem NC 27107 | | |

| | | | | | |
|----|----------------|------------------------------|--------------|------------------------------|--|
| #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 |

MO How Attacked or Committed
DATA OMITTED

Forcible
 Yes N/A No

Weapon / Tools

V I C T I M # 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

| | | | | | | | |
|----------------|---|-------------------------------|------------------------|------------------|-----------------|--|--|
| V I C T I M #1 | Victim/Business Name (Last, First, Middle) DATA OMITTED | Victim of Crime # 1 | DOB / Age 25 | Race W | Sex F | Relationship To Offender IRU | Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <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 |
|----------|-----|--------|-------|----|-----|----------------------|------------|------------------------|
| | | | | | | | | 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**

| | | |
|--|-------------------|---|
| Officer RATLIFF, K. D. (15687) | Officer Signature | Supervisor Signature RATLIFF, K. D. (15687) |
|--|-------------------|---|

| | | | |
|-----------------------|---|---|---------------|
| 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 |
|-----------------------|---|---|---------------|