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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2483764

ORI
NC NC 0340200

Date / Time Reported S M T W T F S
 Month Day Yr Time
 11 | 03 | 2024 | 20:21 Hrs.

| | | | | | | |
|----|--|---|----------------------------|---|---|----------------------------|
| #1 | Crime Incident(s) <i>Larceny- All Other</i> | <input type="checkbox"/> Att | At Found | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Last Known Secure |
| | | <input checked="" type="checkbox"/> Com | Month Day Yr Time | | | Month Day Yr Time |
| | | | 11 02 2024 23:59 Hrs | | | 11 02 2024 23:59 Hrs |

| | | | | | |
|----|----------------|------------------------------|--|--|---------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident | | Offense Tract |
| | | <input type="checkbox"/> Com | 2702 Piedmont Cr, Winston-salem NC 27105 | | 223 |

| | | | | |
|----|----------------|------------------------------|--------------|--|
| #3 | Crime Incident | <input type="checkbox"/> Att | Premise Type | Victim Residence Type |
| | | <input type="checkbox"/> Com | | <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) DATA OMITTED | Victim of Crime # | DOB / Age | Race | Sex | Relationship To Offender | Resident Status |
| | | 1 | 29 | B | F | RU | <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 |
|----------|-----|--------|-------|----|-----|---------------------------|------------|---|
| 1 | 92 | 7 | | | 1 | VEHICLE PARTS/ACCESSORIES | Car Keys | 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 ID# ALEXANDER, J. C. (15741) | Officer Signature | Supervisor Signature ALEXANDER, J. C. (15741) |
|--|-------------------|---|

| | | |
|-----------------------|--|--|
| Complainant Signature | Case Status | Case Disposition: |
| | <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted | <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 |