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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2484054

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
11 | 27 | 2024 | 16:59 Hrs.

#1	Crime Incident(s) Lost Property	<input type="checkbox"/> Att	At Found	Month Day Yr Time	<input type="checkbox"/> S	<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 checked="" type="checkbox"/> Com	11	27	2024	13:30					

Last Known Secure
 Month Day Yr Time
11 | 27 | 2024 | 13:30 Hrs.

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident							Offense Tract
		<input type="checkbox"/> Com	2201 Reynolda Rd, Winston-salem NC 27106							113

#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 I C T I M # of Victims: **0**

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 #: **DATA OMITTED**

DOB / Age: **DATA OMITTED**

Race: **DATA OMITTED**

Sex: **DATA OMITTED**

Relationship To Offender: **DATA OMITTED**

Resident Status:
 Resident
 Non-Resident
 Unknown

Home Address: **DATA OMITTED**

Home Phone: **DATA OMITTED**

Employer Name/Address: **DATA OMITTED**

Business Phone: **DATA OMITTED**

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
	65N	LOST			1	IDENTITY DOCUMENTS		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)
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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
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