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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2484179

ORI
NC NC 0340200

Date / Time Reported
Month Day Yr Time
12 | 09 | 2024 | 10:13 Hrs.

#1	Crime Incident(s) <i>All Other Fraud</i>	<input checked="" type="checkbox"/> Att <input type="checkbox"/> Com	At Found Month Day Yr Time 12 05 2024 07:55 Hrs	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>901 N Cleveland Av, Winston-salem NC 27101</i>	Last Known Secure Month Day Yr Time 12 05 2024 07:55 Hrs
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#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>901 N Cleveland Av, Winston-salem NC 27101</i>	<input type="checkbox"/> Att <input type="checkbox"/> Com	Offense Tract 222
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#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	<input type="checkbox"/> Att <input type="checkbox"/> Com	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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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 #1

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

Victim of Crime #: *1*

DOB / Age: _____ Race: _____ Sex: _____

Relationship To Offender: _____ 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

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: *RATLIFF, K. D. (15687)* ID#: _____ Officer Signature: _____ Supervisor Signature: *RATLIFF, K. D. (15687)*

Complainant Signature: _____

Status Case Status:
 Further Investigation
 Inactive
 Closed/Cleared
 Closed/Leads Exhausted

Case Disposition:
 Unfounded Located Extradition Declined
 Cleared by Arrest Refuse to Cooperate
 Cleared by Arrest by Another Agency
 Death of Offender Prosecution Declined