

I N C I D E N T	Agency Name WINSTON-SALEM POLICE				INCIDENT/INVESTIGATION REPORT										OCA 2407363			
	ORI NC NC 0340200														Date / Time Reported Month Day Yr Time 03 01 2024 13:21 Hrs.			
D A T A	#1	Crime Incident(s) Found Property				<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 03 01 2024 13:21 Hrs				Last Known Secure Month Day Yr Time 03 01 2024 13:20 Hrs.							
	#2	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 5050 Wyngate Village Dr, Winston-salem NC								Offense Tract 323			
	#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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No		Weapon / Tools					
V I C T I M	# of Victims 0	Type <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown				Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major						Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> N/A						
	V1	Victim/Business Name (Last, First, Middle) DATA OMITTED				Victim of Crime #		DOB / Age		Race	Sex	Relationship To Offender		Resident Status <input 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																		

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)										
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number	
			07	FOUN			1	IPAD	/Apple	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 <i>CUDDY, M. G. (16109)</i> ID#				Officer Signature			Supervisor Signature <i>MCKAUGHAN, A. M. (14884)</i>		
Status	Complainant Signature				Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input checked="" 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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