

I N C I D E N T	Agency Name <b>WINSTON-SALEM POLICE</b>		INCIDENT/INVESTIGATION REPORT										OCA 2408619	
	ORI <b>NC NC 0340200</b>												Date / Time Reported Month Day Yr Time <b>03   11   2024   10:26 Hrs.</b>	
D A T A	#1	Crime Incident(s) <b>Lost Property</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>03   11   2024   10:26 Hrs</b>	S M T W T F S	Last Known Secure Month Day Yr Time <b>03   11   2024   10:25 Hrs.</b>	S M T W T F S							
	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>704 E Devonshire St, Winston-salem NC 27107</b>			Offense Tract <b>212</b>							
A	#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
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V I C T I M	# of Victims	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		
	0									
	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		

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)							

[illegible]

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Number of Vehicles Stolen     0
Number Vehicles Recovered     0

Officer <i>PENN, A. L. (15808)</i>	ID#	Officer Signature	Supervisor Signature <i>ALLEN, W. A. (15431)</i>
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
<b>Status</b>			Page 1