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Agency Name WINSTON-SALEM POLICE		INCIDENT/INVESTIGATION REPORT	OCA 2411274	
ORI NC NC 0340200			Date / Time Reported Month Day Yr Time 04 01 2024 10:18 Hrs.	
#1	Crime Incident(s) Drug Violations	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 04 01 2024 10:18 Hrs.	Last Known Secure Month Day Yr Time 04 01 2024 10:17 Hrs.
#2	Crime Incident Paraphernalia- Possessing/concealing Equipment	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident 1500 Cloverdale Av/n Hawthorne Rd,	
#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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# of Victims 1	Type <input type="checkbox"/> Person <input type="checkbox"/> Business <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A
V1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1,2	DOB / Age
Home Address DATA OMITTED		Race 	Sex
Employer Name/Address DATA OMITTED		Relationship To Offender 	Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
VYR	Make	Model	Style
	Color	Lic/Lis	Vin

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DATA OMITTED

P R O P E R T Y	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	11	6			1	PAPER ENVELOPE		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 SAIN, C. J. (16348)				ID#	Officer Signature			Supervisor Signature COX, C. M. (15574)		
Status	Complainant Signature					Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input 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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