

INCIDENT/INVESTIGATION  
REPORT

Agency Name  
WINSTON-SALEM POLICE

ORI  
NC NC 0340200

OCA  
2412819

Date / Time Reported  
Month Day Yr Time  
04 | 13 | 2024 | 02:37 Hrs.

Last Known Secure  
Month Day Yr Time  
04 | 13 | 2024 | 02:36 Hrs.

#1	Crime Incident(s)	<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	Last Known Secure Month Day Yr Time	
	Driving While Impaired	<input checked="" type="checkbox"/> Com	04   13   2024   02:37 Hrs	04   13   2024   02:36 Hrs.		
	#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident		Offense Tract
		<input type="checkbox"/> Com	3223 Kernersville Rd/victoria Village Ln,		214	
#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  
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M

# of Victims  
I

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

V1	Victim/Business Name (Last, First, Middle)	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
	DATA OMITTED	I,					
Home Address						Home Phone	
Employer Name/Address						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
								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 LANCASTER, J. C. (16061)	ID#	Officer Signature	Supervisor Signature FLYNN, J. L. (15605)
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	Page 1