

I N C I D E N T	Agency Name WINSTON-SALEM POLICE				INCIDENT/INVESTIGATION REPORT										OCA 2413074			
	ORI NC NC 0340200														Date / Time Reported Month Day Yr Time 04 15 2024 13:37 Hrs.			
D A T A	#1	Crime Incident(s) Common Law Robbery-strongarm				<input checked="" type="checkbox"/> Att <input type="checkbox"/> Com	At Found Month Day Yr Time 04 15 2024 13:37 Hrs				Last Known Secure Month Day Yr Time 04 15 2024 13:36 Hrs.							
	#2	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 1599 Shady Mount Av/e Sixteenth St,								Offense Tract 222			
M O	#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					
	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 1	Type <input checked="" 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 checked="" 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,		DOB / Age 69		Race B	Sex M	Relationship To Offender 1OK	Resident Status <input checked="" 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)									
PROPERTY	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 <i>MINTZ, J. D. (16069)</i>				ID#		Officer Signature		Supervisor Signature <i>CROKE, B. K. (15602)</i>		
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		