

I N C I D E N T	Agency Name WINSTON-SALEM POLICE		INCIDENT/INVESTIGATION REPORT										OCA 2413198	
	ORI NC NC 0340200												Date / Time Reported Month Day Yr Time 04 16 2024 10:50 Hrs.	
	#1	Crime Incident(s) Police Service-non Criminal Call For Service	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 04 16 2024 10:30 Hrs		S M T W T F S		Last Known Secure Month Day Yr Time 04 16 2024 10:30 Hrs.		S M T W T F S				
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 3400 Laurel Ln, Winston-salem NC 27101						Offense Tract 214				
	#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	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			

VYR	Make	Model	Style	Color	Lic/Lis	Vin
-----	------	-------	-------	-------	---------	-----

OTHERS

DATA OMITTED

INVOLVED

P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
		38	4			1	WINDSHIELD		DATA OMITTED
		PCA	OTHE			1	2019 BLK , JLX7755 NC	CHEV Cruz	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>PENN, A. L. (15808)</i>	ID#		Officer Signature	Supervisor Signature <i>STUMP, J. K. (14922)</i>		
Status	Complainant Signature			Case Status	Case Disposition:		
				<input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input checked="" type="checkbox"/> Closed/Leads Exhausted	<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							