

I N C I D E N T	Agency Name WINSTON-SALEM POLICE		INCIDENT/INVESTIGATION REPORT										OCA 2481427	
	ORI NC NC 0340200												Date / Time Reported Month Day Yr Time 04 23 2024 12:55 Hrs.	
	#1	Crime Incident(s) Larceny- All Other	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 04 23 2024 12:40 Hrs.				Last Known Secure Month Day Yr Time 04 23 2024 12:40 Hrs.						
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 1416 E Twenty-third St, Winston-salem NC 27105								Offense Tract 223		
	#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 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 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		
	<i>I</i>									
	V1	Victim/Business Name (Last, First, Middle) DATA OMITTED			Victim of Crime # <i>I</i>	DOB / Age 28	Race <i>B</i>	Sex <i>M</i>	Relationship To Offender	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		

DATA OMITTED

[illegible]

Number of Vehicles Stolen 0		Number Vehicles Recovered 0	
ID	Officer WADDELL, J. A. (15882)	ID#	Officer Signature
Complainant Signature		Supervisor Signature WADDELL, J. A. (15882)	
Status	Case Status <input type="checkbox"/> Further Investigation <input checked="" 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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