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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2422692

ORI  
NC NC 0340200

Date / Time Reported  
 Month Day Yr Time  
 06 | 26 | 2024 | 07:21 Hrs.

#1	Crime Incident(s) <b>Breaking &amp; Entering With Force</b>	<input checked="" type="checkbox"/> Att	At Found	<input type="checkbox"/> Com	Month Day Yr Time	Last Known Secure
			06   26   2024   07:00 Hrs.		Month Day Yr Time	06   25   2024   17:30 Hrs.

#2	Crime Incident <b>Vandalism</b>	<input type="checkbox"/> Att	Location of Incident <b>4611 Yadkinville Rd, Winston-salem NC 27040</b>	<input checked="" type="checkbox"/> Com	Offense Tract <b>114</b>

#3	Crime Incident	<input type="checkbox"/> Att	Premise Type	<input type="checkbox"/> Com	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 <b>1</b>	Type <input type="checkbox"/> Person <input checked="" 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
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V I C T I M	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1,2</b>	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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Home Address <b>DATA OMITTED</b>	Home Phone
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Employer Name/Address <b>DATA OMITTED</b>	Business Phone
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VYR	Make	Model	Style	Color	Lic/Lis	Vin
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**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
<b>1</b>	<b>31</b>	<b>4</b>			<b>1</b>	<b>CINDERBLOCK WALL</b>		<b>DATA OMITTED</b>
								<b>FOR</b>
								<b>INFORMATION</b>
								<b>SECURITY</b>
								<b>PURPOSES</b>
								<b>ONLY THE FIRST</b>
								<b>TWELVE PROPERTY</b>
								<b>ITEMS ARE</b>
								<b>DISPLAYED ON</b>
								<b>P2C REPORTS</b>

Number of Vehicles Stolen **0**      Number Vehicles Recovered **0**

Officer <b>FAW, C. J. (15887)</b>	ID#	Officer Signature	Supervisor Signature <b>BOGER, J. C. (14943)</b>
Complainant Signature		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

**Status**