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Agency Name  
**WINSTON-SALEM POLICE**

ORI  
**NC NC 0340200**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2423085**

Date / Time Reported  
 Month Day Yr Time  
**06 | 29 | 2024 | 03:23 Hrs.**

#1	Crime Incident(s) <b>Ccw-possession/concealing Weapons</b>	<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	<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
		<input checked="" type="checkbox"/> Com	<b>06</b>	<b>29</b>	<b>2024</b>	<b>03:23</b>	<b>Hrs</b>	<b>06</b>	<b>29</b>	<b>2024</b>	<b>03:22</b>	<b>Hrs.</b>		
	#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident										Offense Tract
		<input type="checkbox"/> Com	<b>1831 Waughtown St, Winston-salem NC 27107</b>										<b>211</b>	
#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 I M # of Victims **1**

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

V I C T I M V1 Victim/Business Name (Last, First, Middle)  
**DATA OMITTED**

Victim of Crime # **1,**

DOB / Age

Race

Sex

Relationship To Offender

Resident Status  
 Resident  
 Non-Resident  
 Unknown

Home Address  
**DATA OMITTED**

Home Phone

Employer Name/Address  
**DATA OMITTED**

Business Phone

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>13</b>	<b>EVID</b>			<b>1</b>	<b>(9MM) HANDGUN</b>	<b>GLOCK/43x</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**

ID	Officer <b>BOUFFARD, N. J. (16216)</b>	ID#	Officer Signature	Supervisor Signature <b>MULGREW, M. J. (14746)</b>
<b>Status</b>	Complainant Signature		Case Status	Case Disposition:
			<input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input 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