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Agency Name  
**WINSTON-SALEM POLICE**

ORI  
**NC NC 0340200**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2423861**

Date / Time Reported  
Month Day Yr Time  
**07 | 05 | 2024 | 12:18 Hrs.**

Last Known Secure  
Month Day Yr Time  
**06 | 03 | 2024 | 00:00 Hrs.**

At Found  
Month Day Yr Time  
**07 | 05 | 2024 | 12:18 Hrs.**

Location of Incident  
**5270 Germanton Rd, Winston-salem NC 27105**

Premise Type  
**5270 Germanton Rd, Winston-salem NC 27105**

Offense Tract  
**124**

Victim Residence Type  
 Single Family  Multi Family

#1	Crime Incident(s) <b>Breaking &amp; Entering With Force</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>07   05   2024   12:18 Hrs.</b>	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>5270 Germanton Rd, Winston-salem NC 27105</b>	Offense Tract <b>124</b>
#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of 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  
 Yes  N/A  No

Weapon / Tools

V # of Victims: **2**

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

VICTIM #1

Victim/Business Name (Last, First, Middle)  
**DATA OMITTED**

Victim of Crime # **I,** DOB / Age **26** Race **B** Sex **M**

Relationship To Offender  
 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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DATA OMITTED

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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
1	77	7			1	OTHER		DATA OMITTED
2	77	7			1	OTHER		FOR INFORMATION SECURITY PURPOSES
								ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS

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

Officer <b>AMAYA, G. S. (15871)</b>	ID#	Officer Signature	Supervisor Signature <b>ARNDT, V. A. (15514)</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**