

INCIDENT REPORT

## INCIDENT/INVESTIGATION REPORT

Agency Name **WINSTON-SALEM POLICE**

ORI **NC NC 0340200**

OCA **2428414**

Date / Time Reported **08 | 09 | 2024 | 20:31** Hrs.

#1	Crime Incident(s) <b>Trespassing</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>08   09   2024   20:31</b> Hrs	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <b>7742 North Point Bv, Winston-salem NC 27106</b>	Last Known Secure Month Day Yr Time <b>08   09   2024   20:30</b> Hrs	Offense Tract <b>123</b>
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#2	Crime Incident <b>Violation Of City/county Ordinance</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <b>7742 North Point Bv, Winston-salem NC 27106</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Premise Type	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	<input type="checkbox"/> Att <input type="checkbox"/> Com	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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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	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>I,</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 **DATA OMITTED**

Home Phone

Employer Name/Address **DATA OMITTED**

Business Phone

VYR	Make	Model	Style	Color	Lic/Lis	Vin
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OTHERS

DATA OMITTED

INVOLEVED

**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
	80	EVID			1	BB GUN	POWERLINE	DATA OMITTED
								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>TUCKER, C. R. (16056)</b>	Officer Signature	Supervisor Signature <b>GEOGHEGAN, M. R. (16168)</b>
Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input 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**