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Agency Name  
**WINSTON-SALEM POLICE**

ORI  
**NC NC 0340200**

# INCIDENT/INVESTIGATION REPORT

OCA  
**2439010**

Date / Time Reported  
 Month Day Yr Time  
**10 | 30 | 2024 | 04:59 Hrs.**

Last Known Secure  
 Month Day Yr Time  
**10 | 30 | 2024 | 04:58 Hrs.**

Location of Incident  
**211 Clayton St, Winston-salem NC 27105**

Premise Type  
**211 Clayton St, Winston-salem NC 27105**

Offense Tract  
**121**

Victim Residence Type  
 Single Family  Multi Family

|    |   |   |                               |                   |  |
|----|---|---|-------------------------------|-------------------|--|
| #1 | Crime Incident(s)<br><b>Breaking &amp; Entering Without Force</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 |
|    |   | <input checked="" type="checkbox"/> Com | <b>10   30   2024   04:59</b> | <b>Hrs</b>        |  |
| #2 | Crime Incident  | <input type="checkbox"/> Att            | Location of Incident          |                   |  |
| #3 | Crime Incident  | <input type="checkbox"/> Att            | Premise Type                  |                   |  |

MO How Attacked or Committed  
**DATA OMITTED**

Forcible  
 Yes  N/A  No

Weapon / Tools

V # of Victims **3**

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

Victim of Crime # **I,** DOB / Age **43** Race **W** Sex **F**

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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DATA OMITTED

**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>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<br><b>WEAVER, T. D. (15816)</b> | ID# | Officer Signature   | Supervisor Signature<br><b>WHITE, R. D. (15708)</b>   |
| Complainant Signature                   |     | Case Status<br><input type="checkbox"/> Further Investigation<br><input checked="" type="checkbox"/> Inactive<br><input type="checkbox"/> Closed/Cleared<br><input type="checkbox"/> Closed/Leads Exhausted | Case Disposition:<br><input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined<br><input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate<br><input type="checkbox"/> Cleared by Arrest by Another Agency<br><input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined |

**Status**