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Agency Name
WINSTON-SALEM POLICE

ORI
NC NC 0340200

INCIDENT/INVESTIGATION REPORT

OCA
2439074

Date / Time Reported
 Month Day Yr Time
10 | 30 | 2024 | 15:22 Hrs.

#1	Crime Incident(s) Breaking & Entering Without Force	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 10 30 2024 15:22 Hrs.	<input type="checkbox"/> Att	<input type="checkbox"/> Com	Last Known Secure Month Day Yr Time 10 29 2024 15:21 Hrs.
#2	Crime Incident	<input type="checkbox"/> Att	<input type="checkbox"/> Com	Location of Incident 115 Harmony St, Winston-salem NC 27105	Offense Tract 124		
#3	Crime 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 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 #1 Victim/Business Name (Last, First, Middle): **DATA OMITTED**

Victim of Crime #: **1** | DOB / Age: **64** | Race: **W** | Sex: **M**

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
1	43	7			1	COPPER WIRE		DATA OMITTED
1	43	8			1	BUILDING MATERIALS		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 ID# MOONEY, M. D. (15484)	Officer Signature	Supervisor Signature HORSLEY, S. A. (14880)
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