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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2439565

ORI
NC NC 0340200

Date / Time Reported S M T W T F S
 Month Day Yr Time
 11 | 03 | 2024 | 03:05 Hrs.

| | | | | | | |
|----|-------------------------------------------------|-----------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------|
| #1 | Crime Incident(s) <i>Discharging Firearm</i> | <input type="checkbox"/> Att | At Found | <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Last Known Secure |
| | | <input checked="" type="checkbox"/> Com | Month Day Yr Time | | | Month Day Yr Time |
| | | | 11 03 2024 03:05 Hrs | | | 11 03 2024 03:04 Hrs. |

| | | | | | | |
|----|----------------|------------------------------|--------------------------------------------|--|--|---------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident | | | Offense Tract |
| | | <input type="checkbox"/> Com | 7026 Brandemere Ln, Winston-salem NC 27106 | | | 113 |

| | | | | | | |
|----|----------------|------------------------------|--------------|--|--|------------------------------------------------------------------------------|
| #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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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 |
|----------|-----|--------|-------|----|-----|----------------------|------------|-----------------|
| | | | | | | | | 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 ID# HEIDENREICH, T. F. (16354) | Officer Signature | Supervisor Signature CHUE, V. N. (15139) |
|----------------------------------------|-------------------|------------------------------------------|

| | | |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|