

I
N
C
I
D
E
N
T
D
A
T
A

Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2439580

ORI
NC NC 0340200

Date / Time Reported S M T W T F S
 Month Day Yr Time
11 | 03 | 2024 | 08:31 Hrs.

#1	Crime Incident(s) Trespassing	<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 08:31			11 03 2024 08:30

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident			Offense Tract
		<input type="checkbox"/> Com	803 S Main St, Winston Salem NC 27101			

#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: **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

V I C T I M #1 Victim/Business Name (Last, First, Middle): **DATA OMITTED**

Victim of Crime #: **I,** DOB / Age: **65** Race: **W** Sex: **F** Relationship To Offender: **IRU** 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
-----	------	-------	-------	-------	---------	-----

O
T
H
E
R
S

I
N
V
O
L
V
E
D

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 ANDERSON, B. R. (15633)	ID#	Officer Signature	Supervisor Signature MATHEWS, C. K. (15509)
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