

I
N
C
I
D
E
N
T
I
F
I
C
A
T
I
O
N
N
U
M
B
E
R

Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2439647

ORI
NC NC 0340200

Date / Time Reported S M T W T F S
 Month Day Yr Time
11 | 03 | 2024 | 19:48 Hrs.

#1 Crime Incident(s) Breaking & Entering Without Force	<input checked="" type="checkbox"/> Att <input type="checkbox"/> Com	At Found Month Day Yr Time 11 03 2024 19:48 Hrs	<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	Last Known Secure Month Day Yr Time 11 03 2024 19:47 Hrs.	<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
----------------------------------------------------------------------	-------------------------------------------------------------------------	--------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

#2 Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 843 W Sixth St - APT A, Winston-salem NC 27101	Offense Tract 411
-------------------	--------------------------------------------------------------	-------------------------------------------------------------------------------	-----------------------------

#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 #	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1,	DOB / Age 32	Race W	Sex F	Relationship To Offender	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> 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 ROBERTSON, C. K. (15636)	ID#	Officer Signature	Supervisor Signature BRUNER, K. M. (15921)
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