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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2440657

ORI  
NC NC 0340200

Date / Time Reported  
Month Day Yr Time  
11 | 11 | 2024 | 04:14 Hrs.

#1	Crime Incident(s) <i>Wspd-disturbing The Peace</i>	<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	11   11   2024   04:14 Hrs.	Last Known Secure Month Day Yr Time 11   11   2024   04:14 Hrs.								

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident <i>165 Sides Meadow Dr, Winston-salem NC 27107</i>						Offense Tract 212
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#3	Crime Incident	<input type="checkbox"/> Att	Premise Type						Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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MO How Attacked or Committed  
DATA OMITTED

Forcible  
 Yes  N/A  
 No

Weapon / Tools

V # 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 #: *I,*

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 <i>GILHAM, T. L. (16374)</i>	ID#	Officer Signature	Supervisor Signature <i>MULGREW, M. J. (14746)</i>
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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
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