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Agency Name  
**WINSTON-SALEM POLICE**

ORI  
**NC NC 0340200**

# INCIDENT/INVESTIGATION REPORT

OCA  
**2441216**

Date / Time Reported  
Month Day Yr Time  
**11 | 15 | 2024 | 03:33 Hrs.**

Last Known Secure  
Month Day Yr Time  
**11 | 15 | 2024 | 03:32 Hrs.**

#1	Crime Incident(s) <b>Breaking &amp; Entering With Force</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>11   15   2024   03:33 Hrs</b>	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>591 S Stratford Rd, Winston-salem NC 27103</b>	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	<input type="checkbox"/> Att <input type="checkbox"/> Com	Victim Residence Type	Offense Tract <b>312</b>
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com		<input type="checkbox"/> Att <input type="checkbox"/> Com		

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 Race Sex Relationship To Offender Resident Status  
 Resident  
 Non-Resident  
 Unknown

Home Address **DATA OMITTED** Home Phone

Employer Name/Address **DATA OMITTED** Business Phone

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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
	77	7			1	UNKNOWN MILWAUKEE TOOL		DATA OMITTED
1	77	7			1	MILWAUKEE TOOL VACCUM CLEANER	MILWAUKEE/Too	FOR INFORMATION SECURITY PURPOSES
								ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS

Number of Vehicles Stolen **0** Number Vehicles Recovered **0**

ID Officer **MONTGOMERY, A. E. (16371)** ID# Officer Signature Supervisor Signature **MCCARTHY, D. J. (15427)**

Complainant Signature

Status Case Status  
 Further Investigation  
 Inactive  
 Closed/Cleared  
 Closed/Leads Exhausted

Case Disposition:  
 Unfounded  Located  Extradition Declined  
 Cleared by Arrest  Refuse to Cooperate  
 Cleared by Arrest by Another Agency  
 Death of Offender  Prosecution Declined