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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2446054

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
12 | 23 | 2024 | 18:02 Hrs.

| | | | | | |
|----|--|------------------------------|---|---|--|
| #1 | Crime Incident(s) Breaking & Entering With Force | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | At Found Month Day Yr Time 12 23 2024 18:02 Hrs. | Last Known Secure Month Day Yr Time 12 23 2024 18:01 Hrs. |
|----|--|------------------------------|---|---|--|

| | | | | | |
|----|------------------------------------|------------------------------|---|---|-----------------------------|
| #2 | Crime Incident Vandalism | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | Location of Incident 540 Granville Dr, Winston-salem NC 27101 | Offense Tract 412 |
|----|------------------------------------|------------------------------|---|---|-----------------------------|

| | | | | | |
|----|----------------|------------------------------|------------------------------|--------------|---|
| #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 V1 Victim/Business Name (Last, First, Middle)
DATA OMITTED

Victim of Crime #: **1,2** | DOB / Age: **35** | Race: **A** | Sex: **M**

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 |
|----------|-----------|----------|-------|----|----------|----------------------|------------|--|
| 1 | 35 | 4 | | | 1 | DOOR FRAME | | 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# ROSE, T. C. (16290) | Officer Signature | Supervisor Signature WHELAN, L. T. (15232) |
|---|-------------------|--|

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