

I  
N  
C  
I  
D  
E  
N  
T  
I  
F  
I  
C  
A  
T  
I  
O  
N

Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2411392**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**04 | 02 | 2024 | 10:24 Hrs.**

#1	Crime Incident(s) <b>Aggravated Assault</b>	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>04   02   2024   10:24 Hrs</b>	Last Known Secure Month Day Yr Time <b>04   02   2024   10:23 Hrs.</b>
----	--	------------------------------	---	--	--

#2	Crime Incident <b>Drug Violations</b>	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	Location of Incident <b>3033 Bon Air Av, Winston-salem NC 27105</b>	Offense Tract <b>121</b>
----	--	------------------------------	---	--	-----------------------------

#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 # 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

VICTIM	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1,</b>	DOB / Age <b>60</b>	Race <b>B</b>	Sex <b>M</b>	Relationship To Offender <b>ICS</b>	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

### DATA OMITTED

I  
N  
V  
O  
L  
V  
E  
D

**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
2	11	EVID			1	GLASS PIPE		DATA OMITTED
								FOR INFORMATION SECURITY PURPOSES ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS

P  
R  
O  
P  
E  
R  
T  
Y

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

Officer ID <b>TROPEANO, D. (16256)</b>	Officer Signature	Supervisor Signature <b>CLARK, D. C. (15090)</b>
---	-------------------	---

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	<b>Page 1</b>
-----------------------	--	---	---------------

**Status**