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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2422931

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
06 | 27 | 2024 | 20:40 Hrs.

| | | | | | | | | | | | | |
|----|---|------------------------------|-----------|-----------|-------------|--------------|-----------|---|-------------|--------------|----|------|
| #1 | Crime Incident(s) Simple Assault-non Aggravated Assault | <input type="checkbox"/> Att | At Found | Month | Day | Yr | Time | <input checked="" type="checkbox"/> Com | Month | Day | Yr | Time |
| | | | 06 | 27 | 2024 | 20:40 | 06 | 27 | 2024 | 20:39 | | |

| | | | | | | | | | | |
|----|----------------|------------------------------|--|--|--|--|--|--|--|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident 213 Tollesbury Ct, Winston-salem NC 27127 | | | | | | | Offense Tract 314 |
|----|----------------|------------------------------|--|--|--|--|--|--|--|-----------------------------|

| | | | | | | | | | | |
|----|----------------|------------------------------|--------------|--|--|--|--|--|--|---|
| #3 | Crime Incident | <input type="checkbox"/> Att | 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

| | | | |
|--------------------------|---|--|---|
| # of Victims 1 | Type <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown | Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major | Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
|--------------------------|---|--|---|

| | | | | | | | |
|--------|---|-------------------------------|------------------------|------------------|-----------------|--------------------------|--|
| VICTIM | Victim/Business Name (Last, First, Middle) DATA OMITTED | Victim of Crime # 1 | DOB / Age 23 | 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 |
|-----|------|-------|-------|-------|---------|-----|

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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 SOJKA, D. A. (15535) | Officer Signature | Supervisor Signature REYNOLDS, S. A. (15618) |
|--|-------------------|--|

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