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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2423064**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**06 | 29 | 2024 | 00:47 Hrs.**

#1	Crime Incident(s) <b>Simple Assault-non Aggravated Assault</b>	<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	<b>06</b>	<b>29</b>	<b>2024</b>	<b>00</b>	<b>47</b>	<b>Hrs.</b>			

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident						Offense Tract
		<input type="checkbox"/> Com	<b>1131 Burke St, Winston-salem NC 27101</b>						<b>111</b>

#3	Crime Incident	<input type="checkbox"/> Att	Premise Type					Victim Residence Type	
		<input type="checkbox"/> Com						<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)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
	<b>V1</b>	<b>DATA OMITTED</b>	<b>1,</b>	<b>26</b>	<b>B</b>	<b>M</b>	<b>IRU</b>	<input checked="" type="checkbox"/> Non-Resident <input type="checkbox"/> 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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**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
								<b>DATA OMITTED</b>
								<b>FOR</b>
								<b>INFORMATION</b>
								<b>SECURITY</b>
								<b>PURPOSES</b>
								<b>ONLY THE FIRST</b>
								<b>TWELVE PROPERTY</b>
								<b>ITEMS ARE</b>
								<b>DISPLAYED ON</b>
								<b>P2C REPORTS</b>

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

Officer <b>HILL, P. M. (15817)</b>	ID#	Officer Signature	Supervisor Signature <b>CHUE, V. N. (15139)</b>
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Complainant Signature	Case Status	Case Disposition:	
	<input type="checkbox"/> Further Investigation <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	<input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender	<input type="checkbox"/> Located <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Prosecution Declined