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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2423945**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**07 | 05 | 2024 | 20:58 Hrs.**

#1	Crime Incident(s) <b>Simple Assault-non Aggravated Assault</b>	<input type="checkbox"/> Att	At Found	Month	Day	Yr	Time	S	M	T	W	T	F	S
		<input checked="" type="checkbox"/> Com	<b>07</b>	<b>05</b>	<b>2024</b>	<b>20:58</b>								

Last Known Secure	Month	Day	Yr	Time	S	M	T	W	T	F	S
	<b>07</b>	<b>05</b>	<b>2024</b>	<b>20:57</b>							

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident <b>632 Denny Dr, Winston-salem NC 27107</b>										Offense Tract <b>214</b>
		<input type="checkbox"/> Com											

#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 <b>DATA OMITTED</b>	Forcible	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> No	Weapon / Tools

# of Victims <b>1</b>	Type				Injury				Drug/Alcohol Use:	
	<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"/> Broken Bones	<input type="checkbox"/> Severe Lacerations	<input type="checkbox"/> Loss of Teeth	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown

VICTIM	#	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>				Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
		<b>I,</b>	<b>22</b>	<b>W</b>	<b>M</b>	<b>IST</b>	<input checked="" type="checkbox"/> Non-Resident	<input type="checkbox"/> Resident	<input type="checkbox"/> Unknown		

Home Address <b>DATA OMITTED</b>	Home Phone
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Employer Name/Address <b>DATA OMITTED</b>	Business Phone
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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
								<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>CRIDER, M. D. (15720)</b>	ID#	Officer Signature	Supervisor Signature <b>MULGREW, M. J. (14746)</b>
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Complainant Signature	Case Status		Case Disposition:	
	<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Inactive	<input type="checkbox"/> Unfounded	<input type="checkbox"/> Located
<b>Status</b>	<input type="checkbox"/> Closed/Cleared	<input type="checkbox"/> Closed/Leads Exhausted	<input type="checkbox"/> Cleared by Arrest	<input type="checkbox"/> Refuse to Cooperate
			<input type="checkbox"/> Cleared by Arrest by Another Agency	<input type="checkbox"/> Extradition Declined
			<input type="checkbox"/> Death of Offender	<input type="checkbox"/> Prosecution Declined