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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2426099

ORI  
NC NC 0340200

Date / Time Reported  
 Month Day Yr Time  
 07 | 22 | 2024 | 21:45 Hrs.

|    |   |   |  |   |   |
|----|---|---|--|---|---|
| #1 | Crime Incident(s)<br><b>Simple Assault-non Aggravated Assault</b> | <input type="checkbox"/> Att<br><input checked="" type="checkbox"/> Com | At Found<br>Month Day Yr Time<br>07   22   2024   21:45 Hrs. | <input type="checkbox"/> Att<br><input checked="" type="checkbox"/> Com | Last Known Secure<br>Month Day Yr Time<br>07   22   2024   21:44 Hrs. |
|----|---|---|--|---|---|

|    |                |  |   |                             |
|----|----------------|--|---|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att<br><input type="checkbox"/> Com | Location of Incident<br><b>100 S Cleveland Av, Winston-salem NC 27101</b> | Offense Tract<br><b>221</b> |
|----|----------------|--|---|-----------------------------|

|    |                |  |              |   |
|----|----------------|--|--------------|---|
| #3 | Crime Incident | <input type="checkbox"/> Att<br><input type="checkbox"/> Com | Premise Type | Victim Residence Type<br><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: **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

|        |   |                                |                        |                  |                 |  |  |
|--------|---|--------------------------------|------------------------|------------------|-----------------|--|--|
| VICTIM | Victim/Business Name (Last, First, Middle)<br><b>DATA OMITTED</b> | Victim of Crime #<br><b>1,</b> | DOB / Age<br><b>40</b> | Race<br><b>B</b> | Sex<br><b>M</b> | Relationship To Offender<br><b>IAQ</b> | Resident Status<br><input checked="" type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><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<br><b>FISHER, C. D. (16079)</b> | ID# | Officer Signature | Supervisor Signature<br><b>STUMP, J. K. (14922)</b> |
|---|-----|-------------------|---|

|                       |  |   |
|-----------------------|--|---|
| Complainant Signature | Case Status<br><input type="checkbox"/> Further Investigation<br><input type="checkbox"/> Inactive<br><input type="checkbox"/> Closed/Cleared<br><input type="checkbox"/> Closed/Leads Exhausted | Case Disposition:<br><input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined<br><input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate<br><input type="checkbox"/> Cleared by Arrest by Another Agency<br><input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined |
|-----------------------|--|---|

**Status**