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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2426419**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**07 | 25 | 2024 | 13:46 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>25</b>	<b>2024</b>	<b>13:46</b>								

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident	Month	Day	Yr	Time	S	M	T	W	T	F	S
		<input type="checkbox"/> Com	<b>899 E Sprague St/thomasville Rd, Winston-salem</b>	Offense Tract <b>211</b>										

#3	Crime Incident	<input type="checkbox"/> Att	Premise Type	Month	Day	Yr	Time	S	M	T	W	T	F	S
		<input type="checkbox"/> Com		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 **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) <b>DATA OMITTED</b>	Victim of Crime # <b>1,</b>	DOB / Age <b>78</b>	Race <b>W</b>	Sex <b>M</b>	Relationship To Offender <b>IST</b>	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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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
								<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>JARVIS, M. F. (16215)</b>	ID#	Officer Signature	Supervisor Signature <b>NAVY, C. M. (15037)</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"/> 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