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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2428659**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**08 | 12 | 2024 | 00:08 Hrs.**

|    |   |   |   |  |  |  |                             |
|----|---|---|---|--|--|--|-----------------------------|
| #1 | Crime Incident(s)<br><b>Discharging Firearm</b> | <input checked="" type="checkbox"/> Att<br><input type="checkbox"/> Com | At Found<br>Month Day Yr Time<br><b>08   12   2024   00:08 Hrs.</b> | <input type="checkbox"/> Att<br><input type="checkbox"/> Com | Location of Incident<br><b>4670 Coletta Ln, Winston-salem NC 27106</b> | Last Known Secure<br>Month Day Yr Time<br><b>08   12   2024   00:07 Hrs.</b> | Offense Tract<br><b>123</b> |
|----|---|---|---|--|--|--|-----------------------------|

|    |                |  |              |  |  |   |  |
|----|----------------|--|--------------|--|--|---|--|
| #2 | 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 |  |
|----|----------------|--|--------------|--|--|---|--|

|    |                |  |              |  |  |   |  |
|----|----------------|--|--------------|--|--|---|--|
| #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 | Race | Sex | Relationship To Offender | Resident Status<br><input 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

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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<br><b>GEORGEHAN, M. R. (16168)</b> | Officer Signature | Supervisor Signature<br><b>WHITE, R. D. (15708)</b> |
|--|-------------------|---|

|                       |   |   |
|-----------------------|---|---|
| Complainant Signature | Case Status<br><input type="checkbox"/> Further Investigation<br><input checked="" 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**