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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2430008

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
08 | 22 | 2024 | 21:41 Hrs.

| | | | | | | | |
|----|-------------------------------------------------|------------------------------|-----------------------------------------|--------------------------------------------------------------------|------------------------------|------------------------------|------------------------------------------------------------------------------|
| #1 | Crime Incident(s) Discharging Firearm | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | At Found Month Day Yr Time 08 22 2024 21:41 Hrs | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Last Known Secure Month Day Yr Time 08 22 2024 21:40 Hrs. |
|----|-------------------------------------------------|------------------------------|-----------------------------------------|--------------------------------------------------------------------|------------------------------|------------------------------|------------------------------------------------------------------------------|

| | | | | | |
|----|----------------|------------------------------|------------------------------|---------------------------------------------------------------------------|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Location of Incident 250 Valley Hill Ct, Winston-salem NC 27106 | Offense Tract 123 |
|----|----------------|------------------------------|------------------------------|---------------------------------------------------------------------------|-----------------------------|

| | | | | | |
|----|----------------|------------------------------|------------------------------|--------------|-------------------------------------------------------------------------------------------------------|
| #3 | Crime Incident | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Premise Type | Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family |
|----|----------------|------------------------------|------------------------------|--------------|-------------------------------------------------------------------------------------------------------|

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|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------|
| MO How Attacked or Committed DATA OMITTED | Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No | Weapon / Tools |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------|

| | | | |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| # of Victims 1 | Type <input type="checkbox"/> Person <input type="checkbox"/> Business <input checked="" type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown | Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major | Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

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|----------------------------|-------------------------------------------------------------------|--------------------------------|-----------|------|-----|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| V I C T I M | Victim/Business Name (Last, First, Middle) DATA OMITTED | Victim of Crime # 1, | DOB / Age | Race | Sex | Relationship To Offender | Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown |
|----------------------------|-------------------------------------------------------------------|--------------------------------|-----------|------|-----|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------|

| | |
|-------------------------------------|------------|
| Home Address DATA OMITTED | Home Phone |
|-------------------------------------|------------|

| | |
|----------------------------------------------|----------------|
| Employer Name/Address DATA OMITTED | 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 |
|----------|-----|--------|-------|----|-----|----------------------|------------|------------------------|
| | | | | | | | | 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 LY, P. A. (15929) | ID# | Officer Signature | Supervisor Signature BRUNER, K. M. (15921) |
|-------------------------------------|-----|-------------------|------------------------------------------------------|

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|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complainant Signature | Case Status <input type="checkbox"/> Further Investigation <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted | Case Disposition: <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 |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Status