

I
N
C
I
D
E
N
T
I
F
I
C
A
T
I
O
N

Agency Name
WINSTON-SALEM POLICE

ORI
NC NC 0340200

INCIDENT/INVESTIGATION REPORT

OCA
2430382

Date / Time Reported S M T W T F S
 Month Day Yr Time
08 | 25 | 2024 | 16:22 Hrs.

Last Known Secure S M T W T F S
 Month Day Yr Time
08 | 25 | 2024 | 16:21 Hrs.

At Found Att Com S M T W T F S
 Month Day Yr Time
08 | 25 | 2024 | 16:22 Hrs.

Location of Incident
2419 S Main St/silas Creek Pw, Winston-salem

Premise Type
 Att Com

Offense Tract
311

Victim Residence Type
 Single Family Multi Family

#1	Crime Incident(s) Ccw-possession/concealing Weapons	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 08 25 2024 16:22 Hrs.	Last Known Secure Month Day Yr Time 08 25 2024 16:21 Hrs.
#2	Crime Incident Violation Of Auto Law-all Other	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident 2419 S Main St/silas Creek Pw, Winston-salem	
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise 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 I C T I M # 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

V I C T I M #1 Victim/Business Name (Last, First, Middle) **DATA OMITTED** Victim of Crime # **1,2** DOB / Age Race Sex Relationship To Offender Resident Status Resident Non-Resident Unknown

Home Address **DATA OMITTED** Home Phone

Employer Name/Address **DATA OMITTED** Business Phone

VYR	Make	Model	Style	Color	Lic/Lis	Vin
-----	------	-------	-------	-------	---------	-----

O
T
H
E
R
S

I
N
V
O
L
V
E
D

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
1	13	EVID			1	(380) FIREARM	SIG SAUER/P365	DATA OMITTED
1	13	EVID			5	(380) AMMUNITION	HONADAY	FOR
1	59	EVID			1	FIREARM ACCESSORIES	HOLSTER	INFORMATION
								SECURITY
								PURPOSES
								ONLY THE FIRST
								TWELVE PROPERTY
								ITEMS ARE
								DISPLAYED ON
								P2C REPORTS

Number of Vehicles Stolen **0** Number Vehicles Recovered **0**

ID Officer **STANLEY, A. E. (15753)** ID# Officer Signature Supervisor Signature **LEACH, J. M. (15710)**

Complainant Signature

Status Case Status Further Investigation Inactive Closed/Cleared Closed/Leads Exhausted

Case Disposition: Unfounded Located Extradition Declined Cleared by Arrest Refuse to Cooperate Cleared by Arrest by Another Agency Death of Offender Prosecution Declined