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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2432309

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
09 | 10 | 2024 | 06:09 Hrs.

#1	Crime Incident(s) Simple Assault-non Aggravated Assault	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 09 10 2024 06:09 Hrs	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 436 E Sprague St, Winston-salem NC 27127	Last Known Secure Month Day Yr Time 09 10 2024 05:00 Hrs.	<input type="checkbox"/> Att <input type="checkbox"/> Com	Offense Tract 412
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#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	<input type="checkbox"/> Att <input type="checkbox"/> Com	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	<input type="checkbox"/> Att <input type="checkbox"/> Com	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
 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 #1 Victim/Business Name (Last, First, Middle)
DATA OMITTED

Victim of Crime # **1,** DOB / Age **39** Race **B** Sex **M** Relationship To Offender **1OK,2S** 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
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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 HARRELL, C. E. (16306)	ID#	Officer Signature	Supervisor Signature COLLIER, L. B. (15465)
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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	Page 1
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