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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2434250

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
09 | 24 | 2024 | 15:04 Hrs.

| | | | | | | | | |
|----|---|---|-----------------------------------|------------------------------------|---|-------------------|-------------------|---|
| #1 | Crime Incident(s) Simple Assault-non Aggravated Assault | <input type="checkbox"/> Att | At Found | Month Day Yr Time | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S | Last Known Secure | Month Day Yr Time | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S |
| | | <input checked="" type="checkbox"/> Com | 09 24 2024 15:04 Hrs | 09 24 2024 15:03 Hrs. | | | | |

| | | | | | | | |
|----|----------------|------------------------------|--|--|--|--|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident 1550 Babcock Dr, Winston-salem NC 27106 | | | | Offense Tract 113 |
|----|----------------|------------------------------|--|--|--|--|-----------------------------|

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

| | | |
|---|---|----------------|
| 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 checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input 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 checked="" 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 |
|--------------------------|---|--|---|

| | | | | | | | |
|--------|---|--------------------------------|------------------------|------------------|-----------------|--|--|
| VICTIM | Victim/Business Name (Last, First, Middle) DATA OMITTED | Victim of Crime # 1, | DOB / Age 88 | Race W | Sex F | Relationship To Offender IAQ | Resident Status <input checked="" 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 |
|--|----------------|

| | | | | | | |
|-----|------|-------|-------|-------|---------|-----|
| 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 RANKIN, K. L. (15100) | ID# | Officer Signature | Supervisor Signature BOGER, J. C. (14943) |
|---|-----|-------------------|---|

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