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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2434300**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**09 | 24 | 2024 | 19:43 Hrs.**

#1	Crime Incident(s) <b>Simple Assault-non Aggravated Assault</b>	<input type="checkbox"/> Att	At Found	Month	Day	Yr	Time	S M T W T F S	Last Known Secure	Month	Day	Yr	Time	S M T W T F S
		<input checked="" type="checkbox"/> Com		<b>09</b>	<b>24</b>	<b>2024</b>	<b>19:43</b>			<b>09</b>	<b>24</b>	<b>2024</b>	<b>19:42</b>	

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident										Offense Tract
		<input type="checkbox"/> Com	<b>2717 Piedmont Cr, Winston-salem NC 27105</b>										<b>223</b>

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

MO How Attacked or Committed  
**DATA OMITTED**

Forcible  Yes  N/A  
 No

Weapon / Tools

# of Victims <b>1</b>	Type	<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business	Injury				Drug/Alcohol Use:			
	<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			<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				<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			

V1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
		<b>1,</b>	<b>32</b>	<b>B</b>	<b>F</b>		<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
								<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 <b>WALKER, J. W. (15759)</b>	ID#	Officer Signature	Supervisor Signature <b>STUMP, J. K. (14922)</b>
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Complainant Signature	Case Status	Case Disposition:	
	<input type="checkbox"/> Further Investigation <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	<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**