

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

Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2434350

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
09 | 25 | 2024 | 09:55 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"/> T | <input type="checkbox"/> F | <input type="checkbox"/> S |
| | | <input checked="" type="checkbox"/> Com | 09 25 2024 09:55 Hrs | Last Known Secure | | | | | | | |

| | | | | | | | | | | |
|----|----------------|------------------------------|---|--|--|--|--|--|--|---------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident | | | | | | | Offense Tract |
| | | <input type="checkbox"/> Com | 2701 University Pw, Winston-salem NC 27105 | | | | | | | 121 |

| | | | | | | | | | | | | |
|----|----------------|------------------------------|--------------|--|--|--|--|--|--|--|--|--|
| #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

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 | # | Victim/Business Name (Last, First, Middle) | Victim of Crime # | DOB / Age | Race | Sex | Relationship To Offender | Resident Status |
| | | DATA OMITTED | 1, | 58 | B | M | IRU | <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 |
|-----|------|-------|-------|-------|---------|-----|

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 |
|----------|-----|--------|-------|----|-----|----------------------|------------|------------------------|
| | | | | | | | | 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 BOISSEY, S. G. (15475) | ID# | Officer Signature | Supervisor Signature HORSLEY, S. A. (14880) |
|--|-----|-------------------|---|

| | | | |
|-----------------------|--|--|--|
| 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