

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
2434450

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
09 | 25 | 2024 | 23:18 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 25 2024 23:18 Hrs	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Last Known Secure Month Day Yr Time 09 25 2024 23:17 Hrs.
----	---	---	--	---	--

#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 437 E Devonshire St, Winston-salem NC 27127	Offense Tract 412
----	----------------	--	--	-----------------------------

#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	Victim Residence 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 # of Victims: **2**

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 V1 Victim/Business Name (Last, First, Middle): **DATA OMITTED**

Victim of Crime #: **I,** DOB / Age: **24**

Race: **B** Sex: **M** Relationship To Offender: **IVO,2A**

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
								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 MERCADO, O. J. (16254)	ID#	Officer Signature	Supervisor Signature COLLIER, L. B. (15465)
--	-----	-------------------	---

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	Page 1
-----------------------	--	---	---------------