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Agency Name  
**WINSTON-SALEM POLICE**

ORI  
**NC NC 0340200**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2435873**

Date / Time Reported  S  M  T  W  T  F  S  
 Month Day Yr Time  
**10 | 06 | 2024 | 03:44** Hrs.

Last Known Secure  S  M  T  W  T  F  S  
 Month Day Yr Time  
**10 | 06 | 2024 | 03:43** Hrs.

Location of Incident  
**3000 Walnut Forest Ct - B, Winston-salem NC**

Premise Type  
 Att  Com

Victim Residence Type  
 Single Family  Multi Family

#1	Crime Incident(s) <b>Simple Assault-non Aggravated Assault</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>10   06   2024   03:44</b> Hrs	<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	Last Known Secure Month Day Yr Time <b>10   06   2024   03:43</b> Hrs
#2	Crime Incident <b>Breaking &amp; Entering With Force</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <b>3000 Walnut Forest Ct - B, Winston-salem NC</b>		Offense Tract <b>323</b>
#3	Crime Incident <b>Vandalism</b>	<input type="checkbox"/> Att <input checked="" 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 **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

V I C T I M

V1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1,2,3</b>	DOB / Age <b>24</b>	Race <b>W</b>	Sex <b>F</b>	Relationship To Offender <b>INE</b>	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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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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**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
1	29	4			1	WINDOW		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 <b>LITTLE, J. R. (15928)</b>	ID#	Officer Signature	Supervisor Signature <b>FLYNN, J. L. (15605)</b>
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**