

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  
**2436962**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**10 | 14 | 2024 | 13:32 Hrs.**

#1	Crime Incident(s) <b>Simple Assault-non Aggravated Assault</b>	<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	<b>10</b>	<b>14</b>	<b>2024</b>	<b>13:32</b>					

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"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S
					<b>10</b>	<b>14</b>	<b>2024</b>	<b>13:31</b>			

#2	Crime Incident <b>Drug Violations</b>	<input type="checkbox"/> Att	Location of Incident	Offense Tract
		<input checked="" type="checkbox"/> Com	<b>1748 Camden Rd, Winston-salem NC 27103</b>	<b>312</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 <b>DATA OMITTED</b>	Forcible	Weapon / Tools
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	

# of Victims <b>2</b>	Type	<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business	Injury	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Minor	<input type="checkbox"/> Loss of Teeth	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 type="checkbox"/> Broken Bones	<input type="checkbox"/> Severe Lacerations	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown	

VICTIM	#	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>

Home Address <b>DATA OMITTED</b>	Home Phone
-------------------------------------	------------

Employer Name/Address <b>DATA OMITTED</b>	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
								<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>ARAUZ, C. A. (15658)</b>	ID#	Officer Signature	Supervisor Signature <b>BIELSTEN, A. R. (15598)</b>
--	-----	-------------------	--

Complainant Signature	Case Status	Case Disposition:	
	<input type="checkbox"/> Further Investigation <input 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"/> 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	<input type="checkbox"/> Extradition Declined