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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2438131**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**10 | 23 | 2024 | 14:41 Hrs.**

|    |   |                              |                                   |   |  |
|----|---|------------------------------|-----------------------------------|---|--|
| #1 | Crime Incident(s)<br><b>Discharging Firearm</b> | <input type="checkbox"/> Att | At Found<br>Month Day Yr Time     | <input checked="" type="checkbox"/> Com | Last Known Secure<br>Month Day Yr Time |
|    |   |                              | <b>10   23   2024   14:41 Hrs</b> |   | <b>10   23   2024   14:40 Hrs.</b>     |

|    |                |                              |   |               |
|----|----------------|------------------------------|---|---------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident                            | Offense Tract |
|    |                | <input type="checkbox"/> Com | <b>1700 N Cherry St - BLK, Winston-salem NC</b> | <b>112</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

V I C T I M # 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 #1 Victim/Business Name (Last, First, Middle): **DATA OMITTED**

Victim of Crime #: **I,** DOB / Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Relationship To Offender: \_\_\_\_\_ 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 |
|-----|------|-------|-------|-------|---------|-----|

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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<br><b>SMITH, A. B. (16051)</b> | ID# | Officer Signature | Supervisor Signature<br><b>RANKIN, K. L. (15100)</b> |
|--|-----|-------------------|--|

|                       |   |   |
|-----------------------|---|---|
| Complainant Signature | Case Status<br><input type="checkbox"/> Further Investigation<br><input checked="" type="checkbox"/> Inactive<br><input type="checkbox"/> Closed/Cleared<br><input type="checkbox"/> Closed/Leads Exhausted | Case Disposition:<br><input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined<br><input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate<br><input type="checkbox"/> Cleared by Arrest by Another Agency<br><input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined |
|-----------------------|---|---|

**Status**