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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2438244**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**10 | 24 | 2024 | 10:01** Hrs.

#1	Crime Incident(s) <b>Aggravated Assault</b>	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>10   24   2024   10:01</b> Hrs	Last Known Secure Month Day Yr Time <b>10   24   2024   10:00</b> Hrs
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#2	Crime Incident <b>Larceny- All Other</b>	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	Location of Incident <b>2050 Craig St, Winston-salem NC 27103</b>	Offense Tract <b>312</b>
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#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
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MO How Attacked or Committed <b>DATA OMITTED</b>	Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
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# of Victims <b>1</b>	Type <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <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	Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major	Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
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V I C T I M	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1,2</b>	DOB / Age <b>42</b>	Race <b>B</b>	Sex <b>F</b>	Relationship To Offender <b>1BG</b>	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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Home Address <b>DATA OMITTED</b>	Home Phone
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Employer Name/Address <b>DATA OMITTED</b>	Business Phone
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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>1</b>	<b>06</b>	<b>7</b>			<b>1</b>	<b>HOODY</b>		<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>MEADOWS, C. E. (15570)</b>	ID#	Officer Signature	Supervisor Signature <b>BURKS, C. M. (15216)</b>
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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
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**Status**