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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2438312**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**10 | 24 | 2024 | 20:59 Hrs.**

#1	Crime Incident(s) <b>Discharging Firearm</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>24</b>	<b>2024</b>	<b>20:59</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>24</b>	<b>2024</b>	<b>20:58</b>				

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident						Offense Tract
		<input type="checkbox"/> Com	<b>2199 Dellabrook Rd/attucks St, Winston-salem</b>						<b>222</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>1</b>	Type <input type="checkbox"/> Person <input type="checkbox"/> Business <input checked="" 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 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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VICTIM #1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1,</b>	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	
							<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown	

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>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>SHOEMAKER, T. G. (16282)</b>	ID#	Officer Signature	Supervisor Signature <b>STUMP, J. K. (14922)</b>
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Complainant Signature	Case Status	Case Disposition:	
	<input type="checkbox"/> Further Investigation <input checked="" 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"/> 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**