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Agency Name
WINSTON-SALEM POLICE

ORI
NC NC 0340200

INCIDENT/INVESTIGATION REPORT

OCA
2438351

Date / Time Reported
Month Day Yr Time
10 | 25 | 2024 | 07:38 Hrs.

Last Known Secure
Month Day Yr Time
10 | 25 | 2024 | 07:37 Hrs.

#1	Crime Incident(s) Simple Assault-non Aggravated Assault	<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	Last Known Secure	Month Day Yr Time
		<input checked="" type="checkbox"/> Com	10 25 2024 07:38	Hrs		10 25 2024 07:37	Hrs.
#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident			Offense Tract	
		<input type="checkbox"/> Com	251 Chesterton Rd Apt. 2, Winston-salem NC			324	
#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 # of Victims: **2**

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

VICTIM #1: Victim/Business Name (Last, First, Middle)
DATA OMITTED

Victim of Crime #: **1**

DOB / Age: **26**

Race: **B** Sex: **F**

Relationship To Offender: **IVO,2S**

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
								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 ID# HEIDENREICH, T. F. (16354)	Officer Signature	Supervisor Signature JAMERSON, B. M. (15386)
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