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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2438938

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
10 | 29 | 2024 | 13:20 Hrs.

#1	Crime Incident(s) Simple Assault-non Aggravated Assault	<input type="checkbox"/> Att	At Found	Month	Day	Yr	Time	S	M	T	W	T	F	S
	<input checked="" type="checkbox"/> Com	10	29	2024	13:20									

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident										Offense Tract
	<input type="checkbox"/> Com	952 Manly St, Winston-salem NC 27105										112	

#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

# of Victims 1	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) DATA OMITTED	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
	V1	1,	35	B	F	IXR	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> 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 MERRITT, T. J. (16357)	ID#	Officer Signature	Supervisor Signature MATTISON, G. M. (15167)
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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"/> Cleared by Arrest <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender	<input type="checkbox"/> Located <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Prosecution Declined