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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2439179**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**10 | 31 | 2024 | 10:49 Hrs.**

|    |   |   |           |                   |                            |                            |                            |                            |                             |                            |                            |
|----|---|---|-----------|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|
| #1 | Crime Incident(s)<br><b>Simple Assault-non Aggravated Assault</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"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> S |
|    |   | <input checked="" type="checkbox"/> Com | <b>10</b> | <b>31</b>         | <b>2024</b>                | <b>10:49</b>               |                            |                            |                             |                            |                            |

|    |                |                              |  |  |  |  |  |  |  |               |
|----|----------------|------------------------------|--|--|--|--|--|--|--|---------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident                             |  |  |  |  |  |  | Offense Tract |
|    |                | <input type="checkbox"/> Com | <b>140 Hanes Mall Cr, Winston-salem NC 27103</b> |  |  |  |  |  |  | <b>322</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<br>How Attacked or Committed<br><b>DATA OMITTED</b> | Forcible<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> No | Weapon / Tools |
|--|---|----------------|

|                          |   |  |   |
|--------------------------|---|--|---|
| # of Victims<br><b>1</b> | Type<br><input checked="" type="checkbox"/> Person <input type="checkbox"/> Business<br><input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute<br><input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown | Injury<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth<br><input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations<br><input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major | Drug/Alcohol Use:<br><input type="checkbox"/> Yes <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
|--------------------------|---|--|---|

|                            |    |   |                                |                        |                  |                 |  |  |
|----------------------------|----|---|--------------------------------|------------------------|------------------|-----------------|--|--|
| V<br>I<br>C<br>T<br>I<br>M | #1 | Victim/Business Name (Last, First, Middle)<br><b>DATA OMITTED</b> | Victim of Crime #<br><b>1,</b> | DOB / Age<br><b>47</b> | Race<br><b>W</b> | Sex<br><b>M</b> | Relationship To Offender<br><b>1OK</b> | Resident Status<br><input checked="" type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><input type="checkbox"/> Unknown |
|----------------------------|----|---|--------------------------------|------------------------|------------------|-----------------|--|--|

|                                     |            |
|-------------------------------------|------------|
| Home Address<br><b>DATA OMITTED</b> | Home Phone |
|-------------------------------------|------------|

|  |                |
|--|----------------|
| Employer Name/Address<br><b>DATA OMITTED</b> | 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>CARLIN, J. L. (14974)</b> | ID# | Officer Signature | Supervisor Signature<br><b>DAY, T. A. (15478)</b> |
|---|-----|-------------------|---|

|                       |  |   |
|-----------------------|--|---|
| Complainant Signature | Case Status<br><input type="checkbox"/> Further Investigation<br><input 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**