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Agency Name  
**WINSTON-SALEM POLICE**

# INCIDENT/INVESTIGATION REPORT

OCA  
2439548

ORI  
NC NC 0340200

Date / Time Reported  
Month Day Yr Time  
11 | 03 | 2024 | 01:10 Hrs.

#1 Crime Incident(s)  
**Agg Aslt Person Shot**  
 Att  Com At Found  
Month Day Yr Time  
11 | 03 | 2024 | 01:10 Hrs. Last Known Secure  
Month Day Yr Time  
11 | 03 | 2024 | 01:09 Hrs.

#2 Crime Incident  
 Att  Com Location of Incident  
**301 Medical Center Bv, Winston-salem NC 27103** Offense Tract  
**312**

#3 Crime Incident  
 Att  Com Premise Type  
 Single Family  Multi Family Victim Residence Type

MO How Attacked or Committed  
DATA OMITTED  
Forcible  
 Yes  N/A  No  
Weapon / Tools

V I C T I M # of Victims  
**1** 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

V I C T I M V1 Victim/Business Name (Last, First, Middle)  
DATA OMITTED  
Victim of Crime # **1,** DOB / Age **30** Race **B** Sex **M**  
Relationship To Offender 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

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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>EVID</b>			<b>1</b>	<b>CLOTHING</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**

ID Officer **STANTON, W. J. (16355)** ID# Officer Signature Supervisor Signature **SOJKA, D. A. (15535)**

Status Complainant Signature Case Status  
 Further Investigation  
 Inactive  
 Closed/Cleared  
 Closed/Leads Exhausted  
Case Disposition:  
 Unfounded  Located  Extradition Declined  
 Cleared by Arrest  Refuse to Cooperate  
 Cleared by Arrest by Another Agency  
 Death of Offender  Prosecution Declined