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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2439666

ORI  
NC NC 0340200

Date / Time Reported  
Month Day Yr Time  
11 | 03 | 2024 | 22:42 Hrs.

#1	Crime Incident(s) <b>Discharging Firearm</b>	<input type="checkbox"/> Att	At Found Month Day Yr Time	11   03   2024   22:42 Hrs.	<input type="checkbox"/> Last Known Secure	Month Day Yr Time	11   03   2024   22:41 Hrs.
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#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident <b>899 West St/s Green St, Winston-salem NC 27101</b>			Offense Tract <b>412</b>
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#3	Crime Incident	<input type="checkbox"/> Att	Premise Type			Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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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 #1 Victim/Business Name (Last, First, Middle):  
DATA OMITTED

Victim of Crime #: **I,** DOB / Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

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

**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 <b>ANTAL, K. A. (16125)</b>	ID#	Officer Signature	Supervisor Signature <b>ROBERTSON, C. K. (15636)</b>
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Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input checked="" 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	Page 1
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