

I
N
C
I
D
E
N
T
I
F
I
C
A
T
I
O
N
N
U
M
B
E
R

Agency Name
WINSTON-SALEM POLICE

ORI
NC NC 0340200

INCIDENT/INVESTIGATION REPORT

OCA
2440109

Date / Time Reported
 Month Day Yr Time
11 | 07 | 2024 | 08:12 Hrs.

Last Known Secure
 Month Day Yr Time
11 | 07 | 2024 | 08:11 Hrs.

At Found
 Month Day Yr Time
11 | 07 | 2024 | 08:12 Hrs.

Location of Incident
1000 Apple St, Winston-salem NC 27101

Premise Type

Offense Tract
412

Victim Residence Type
 Single Family Multi Family

#1	Crime Incident(s) Simple Assault-non Aggravated Assault	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 11 07 2024 08:12 Hrs.	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 1000 Apple St, Winston-salem NC 27101
#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com			Offense Tract 412
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com			Victim Residence Type <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 **62** Race **B** Sex **M** Relationship To Offender **IVO,2A** 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
-----	------	-------	-------	-------	---------	-----

O
T
H
E
R

I
N
V
O
L
V
E
D

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 ROSE, T. C. (16290)	ID#	Officer Signature	Supervisor Signature SMITH, D. G. (14704)
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