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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2440481

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
11 | 09 | 2024 | 16:57 Hrs.

| | | | | | | | | | | | |
|----|---|---|-----------|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| #1 | Crime Incident(s) Simple Assault-non Aggravated Assault | <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"/> T | <input type="checkbox"/> F | <input type="checkbox"/> S |
| | | <input checked="" type="checkbox"/> Com | 11 | 09 | 2024 | 16:57 | | | | | |

Last Known Secure
 Month Day Yr Time
11 | 09 | 2024 | 16:56 Hrs.

| | | | | | | | | |
|----|----------------|------------------------------|---|--|--|--|--|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident 3901 Bethania Station Rd, Winston-salem NC | | | | | Offense Tract 123 |
|----|----------------|------------------------------|---|--|--|--|--|-----------------------------|

| | | | | | | | | |
|----|----------------|------------------------------|--------------|--|--|--|--|---|
| #3 | Crime Incident | <input type="checkbox"/> Att | Premise Type | | | | | 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 30 | Race W | Sex F | Relationship To Offender 1BG,2V | Resident Status <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 WILLIAMS, C. D. (16372) | ID# | Officer Signature | Supervisor Signature ARNDT, V. A. (15514) |
|---|-----|-------------------|---|

| | | | |
|-----------------------|--|---|---------------|
| 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 | Page 1 |
|-----------------------|--|---|---------------|