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Agency Name
WINSTON-SALEM POLICE

ORI
NC NC 0340200

INCIDENT/INVESTIGATION REPORT

OCA
2441500

Date / Time Reported
 Month Day Yr Time
11 | 17 | 2024 | 10:54 Hrs.

Last Known Secure
 Month Day Yr Time
11 | 17 | 2024 | 10:53 Hrs.

At Found
 Month Day Yr Time
11 | 17 | 2024 | 10:54 Hrs.

Location of Incident
3331 Thomasville Rd, Winston-salem NC 27107

Premise Type

Offense Tract
213

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 17 2024 10:54 Hrs.	Last Known Secure Month Day Yr Time 11 17 2024 10:53 Hrs.
#2	Crime Incident Shoplifting	<input checked="" type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 3331 Thomasville Rd, Winston-salem NC 27107	
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	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: **3**

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 # 2	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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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
1	02	8			2	ALCOHOLIC BEVERAGE	CORONITA	DATA OMITTED
								FOR INFORMATION SECURITY PURPOSES ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS

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Number of Vehicles Stolen **0** Number Vehicles Recovered **0**

Officer ID# GAMMON-LACKEY, M. K. (16304)	Officer Signature	Supervisor Signature GEDDINGS, H. L. (14851)
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

Status