

I
N
C
I
D
E
N
T
D
A
T
A

Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2442446

ORI
NC NC 0340200

Date / Time Reported S M T W T F S
 Month Day Yr Time
11 | 24 | 2024 | 14:44 Hrs.

#1	Crime Incident(s) Discharging Firearm	<input type="checkbox"/> Att	At Found	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Last Known Secure
		<input checked="" type="checkbox"/> Com	Month Day Yr Time		Month Day Yr Time
			11 24 2024 14:44 Hrs		11 24 2024 14:43 Hrs.

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident		Offense Tract
		<input type="checkbox"/> Com	1113 Rundell St, Winston-salem NC 27105		112

#3	Crime Incident	<input type="checkbox"/> Att	Premise Type	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
		<input type="checkbox"/> Com		

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 # **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
-----	------	-------	-------	-------	---------	-----

O
T
H
E
R
S

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 CHEEK, D. C. (15469)	ID#	Officer Signature	Supervisor Signature CARLIN, J. L. (14974)
--	-----	-------------------	--

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
-----------------------	---	---	---------------