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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2443119

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
11 | 30 | 2024 | 01:54 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	30	2024	01	54				
			Last Known Secure		Month Day Yr Time						
			11	30	2024	01	53				

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident							Offense Tract
		<input type="checkbox"/> Com	590 Mock St, Winston-salem NC 27127							412

#3	Crime Incident	<input type="checkbox"/> Att	Premise Type							Victim Residence Type
		<input type="checkbox"/> Com								<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 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 #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
		1,	65	B	M	IPA	<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**

ID	Officer HESTER, M. J. (16249)	ID#	Officer Signature	Supervisor Signature GEOGHEGAN, M. R. (16168)
Status	Complainant Signature	Case Status	Case Disposition:	
		<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined	
		<input type="checkbox"/> Inactive	<input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate	
		<input type="checkbox"/> Closed/Cleared	<input type="checkbox"/> Cleared by Arrest by Another Agency	
		<input type="checkbox"/> Closed/Leads Exhausted	<input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined	