

INCIDENT REPORT

INCIDENT/INVESTIGATION REPORT

Agency Name **WINSTON-SALEM POLICE**

ORI **NC NC 0340200**

OCA **2443365**

Date / Time Reported S M T W T F S
 Month Day Yr Time
12 | 02 | 2024 | 12:13 Hrs.

| | | | | | |
|----|---|---|--|---|--|
| #1 | Crime Incident(s) Simple Assault-non Aggravated Assault | <input type="checkbox"/> Att <input checked="" type="checkbox"/> Com | At Found Month Day Yr Time 12 02 2024 12:13 Hrs | <input type="checkbox"/> S <input checked="" 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 Month Day Yr Time 12 02 2024 12:12 Hrs. |
|----|---|---|--|---|--|

| | | | | |
|----|----------------|--|---|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att <input type="checkbox"/> Com | Location of Incident 5434 University Pw, Winston-salem NC 27105 | Offense Tract 123 |
|----|----------------|--|---|-----------------------------|

| | | | | |
|----|----------------|--|--------------|---|
| #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 **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

| | | | | | | | |
|--------|---|--------------------------------|------------------------|------------------|-----------------|--|--|
| VICTIM | Victim/Business Name (Last, First, Middle) DATA OMITTED | Victim of Crime # 1, | DOB / Age 64 | Race W | Sex M | Relationship To Offender IST | 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 |
|-----|------|-------|-------|-------|---------|-----|

OTHERS INVOLVED

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 BOYLES, E. W. (15832) | ID# | Officer Signature | Supervisor Signature JACOBS, A. P. (14962) |
| Status | 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 |