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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2444160

ORI
NC NC 0340200

Date / Time Reported S M T W T F S
 Month Day Yr Time
12 | 08 | 2024 | 22:00 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 08 2024 22:00 Hrs | <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 | Last Known Secure Month Day Yr Time 12 08 2024 21:59 Hrs. |
|----|---|---|--|--|--|

| | | | | |
|----|----------------|--|--|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att <input type="checkbox"/> Com | Location of Incident 3163 Ridgewood Rd, Winston-salem NC 27107 | Offense Tract 213 |
|----|----------------|--|--|-----------------------------|

| | | | | |
|----|----------------|--|--------------|---|
| #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

| | | | | | | | |
|----|---|--------------------------------|------------------------|------------------|-----------------|--|--|
| V1 | Victim/Business Name (Last, First, Middle) DATA OMITTED | Victim of Crime # 1, | DOB / Age 44 | Race W | Sex F | Relationship To Offender 1OK | 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 CREWS, W. R. (16325) | ID# | Officer Signature | Supervisor Signature MITCHELL, J. R. (15672) |
|--|-----|-------------------|--|

| | | |
|-----------------------|--|---|
| 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 |
|-----------------------|--|---|

Status