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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2444174

ORI  
NC NC 0340200

Date / Time Reported  
Month Day Yr Time  
12 | 09 | 2024 | 01:49 Hrs.

|    |  |                              |                               |                             |   |  |                             |
|----|--|------------------------------|-------------------------------|-----------------------------|---|--|-----------------------------|
| #1 | Crime Incident(s)<br><b>Aggravated Assault</b> | <input type="checkbox"/> Att | At Found<br>Month Day Yr Time | 12   09   2024   01:49 Hrs. | <input checked="" type="checkbox"/> Com | Last Known Secure<br>Month Day Yr Time | 12   09   2024   01:48 Hrs. |
|----|--|------------------------------|-------------------------------|-----------------------------|---|--|-----------------------------|

|    |                |                              |   |  |  |                              |                             |
|----|----------------|------------------------------|---|--|--|------------------------------|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident<br><b>740 Ferrell Ct Apt. 13, Winston-salem NC 27101</b> |  |  | <input type="checkbox"/> Com | Offense Tract<br><b>221</b> |
|----|----------------|------------------------------|---|--|--|------------------------------|-----------------------------|

|    |                |                              |              |  |  |                              |   |
|----|----------------|------------------------------|--------------|--|--|------------------------------|---|
| #3 | Crime Incident | <input type="checkbox"/> Att | Premise Type |  |  | <input type="checkbox"/> Com | Victim Residence Type<br><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: 2

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 Victim/Business Name (Last, First, Middle):  
DATA OMITTED

V Victim of Crime #: 1, DOB / Age: 24, Race: B, Sex: M, Relationship To Offender: IAQ, 2V, 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 |
|-----|------|-------|-------|-------|---------|-----|

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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: **GRABS, D. M. (16310)** ID#: Officer Signature: Supervisor Signature: **CROKE, B. K. (15602)**

Status Complainant Signature: Case Status:  Further Investigation  Inactive  Closed/Cleared  Closed/Leads Exhausted

Case Disposition:  Unfounded  Located  Extradition Declined  
 Cleared by Arrest  Refuse to Cooperate  
 Cleared by Arrest by Another Agency  
 Death of Offender  Prosecution Declined