

I  
N  
C  
I  
D  
E  
N  
T  
I  
F  
I  
C  
A  
T  
I  
O  
N  
N  
U  
M  
B  
E  
R

Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2444528**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**12 | 11 | 2024 | 17:59 Hrs.**

#1	Crime Incident(s) <b>Simple Assault-non Aggravated Assault</b>	<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	<b>12</b>	<b>11</b>	<b>2024</b>	<b>17:59</b>					

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident							Offense Tract
		<input type="checkbox"/> Com	<b>3810 N Patterson Av, Winston-salem NC 27105</b>							<b>121</b>

#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) <b>DATA OMITTED</b>	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
	<b>DATA OMITTED</b>	<b>1,</b>	<b>44</b>	<b>B</b>	<b>F</b>	<b>1BG</b>	<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
-----	------	-------	-------	-------	---------	-----

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
								<b>DATA OMITTED</b>
								<b>FOR</b>
								<b>INFORMATION</b>
								<b>SECURITY</b>
								<b>PURPOSES</b>
								<b>ONLY THE FIRST</b>
								<b>TWELVE PROPERTY</b>
								<b>ITEMS ARE</b>
								<b>DISPLAYED ON</b>
								<b>P2C REPORTS</b>

Number of Vehicles Stolen **0** Number Vehicles Recovered **0**

Officer <b>VANTREASE, J. M. (16379)</b>	ID#	Officer Signature	Supervisor Signature <b>BOGER, J. C. (14943)</b>
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

**Status**