

I  
N  
C  
I  
D  
E  
N  
T  
R  
Y  
  
D  
A  
T  
A

Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2444905**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**12 | 14 | 2024 | 15:04 Hrs.**

#1	Crime Incident(s) <b>Simple Assault-non Aggravated Assault</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>12   14   2024   15:04 Hrs</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <b>3475 Parkway Village Cr, Winston-salem NC</b>	Last Known Secure Month Day Yr Time <b>12   14   2024   15:03 Hrs.</b>	Offense Tract <b>314</b>
----	---	---	--	---	--	--	-----------------------------

#2	Crime Incident <b>Larceny- All Other</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Premise Type <b>Vandalism</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
----	---	---	----------------------------------	---	---

#3	Crime Incident <b>Vandalism</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Premise Type <b>Vandalism</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	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: **4**

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) <b>DATA OMITTED</b>	Victim of Crime # <b>1,</b>	DOB / Age <b>53</b>	Race <b>B</b>	Sex <b>F</b>	Relationship To Offender <b>1ST</b>	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
-----	------	-------	-------	-------	---------	-----

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
2	03	4			1	AUTOMOBILE	NISSAN/Rogue	DATA OMITTED
3	16	7,5			2	TOOTHPASTE	CREST	FOR
3	16	5			2	TOOTHPASTE	CREST	INFORMATION
3	16	7,5			1	DETERGENT	GAIN	SECURITY
3	16	5			1	DETERGENT	GAIN	PURPOSES
2	SUV	TARG			1	2022 BLK, SHS7075 TX	NISS Rogue	
ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS								

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

Officer <b>LEACH, J. M. (15710)</b>	Officer Signature <b>BIELSTEN, A. R. (15598)</b>
--	---

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
-----------------------	--	---