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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2444906

ORI  
NC NC 0340200

Date / Time Reported  
Month Day Yr Time  
12 | 14 | 2024 | 15:30 Hrs.

#1	Crime Incident(s) <i>Simple Assault-non Aggravated Assault</i>	<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	12	14	2024	15:30	Hrs.							

#2	Crime Incident <i>Violation Of Auto Law-all Other</i>	<input type="checkbox"/> Att	Location of Incident <i>3189 Peters Creek Pw/w Clemmonsville Rd_nb</i>										Offense Tract <i>313</i>
		<input checked="" type="checkbox"/> Com											

#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 # 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

VICTIM	#1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # <i>1,</i>	DOB / Age <i>48</i>	Race <i>W</i>	Sex <i>M</i>	Relationship To Offender <i>IST</i>	Resident Status <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
		Home Address DATA OMITTED						

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 <b>LEACH, J. M. (15710)</b>	ID#	Officer Signature	Supervisor Signature <b>LANGDON, S. L. (15223)</b>
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Complainant Signature	Case Status	Case Disposition:	
	<input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	<input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender	<input type="checkbox"/> Located <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Prosecution Declined