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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2500759

ORI
NC NC 0340200

Date / Time Reported
Month Day Yr Time
01 | 08 | 2025 | 01:27 Hrs.

#1	Crime Incident(s) <i>Agg Aslt Disch Fa/occ Dwell/veh</i>	<input type="checkbox"/> Att	At Found	Month Day Yr Time	S M T W T F S	Last Known Secure	Month Day Yr Time	S M T W T F S
		<input checked="" type="checkbox"/> Com	01 08 2025 01:27	Hrs		01 08 2025 01:26	Hrs.	

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident				Offense Tract
		<input type="checkbox"/> Com	3217 Stavanger Ct, Winston-salem NC 27127				314

#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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
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# of Victims 2	Type <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown	Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major	Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
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V I C T I M	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1,	DOB / Age 50	Race B	Sex F	Relationship To Offender	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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Home Address DATA OMITTED	Home Phone
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Employer Name/Address DATA OMITTED	Business Phone
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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
	29	TARG			1	STRUCTURES - SINGLE OCCUPANCY DWELLING		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 PEREZ-REYES, D. (16353)	ID#	Officer Signature	Supervisor Signature MCCARTHY, D. J. (15427)
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Complainant Signature	Case Status <input checked="" 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	Page 1
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Status