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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2500764

ORI  
NC NC 0340200

Date / Time Reported  
 Month Day Yr Time  
 01 | 08 | 2025 | 04:36 Hrs.

#1	Crime Incident(s) <i>Wspd-disturbing The Peace</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 01   08   2025   04:36 Hrs	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>730 Ferrell Ct Apt. 19, Winston-salem NC 27101</i>	<input type="checkbox"/> Att <input type="checkbox"/> Com	Last Known Secure Month Day Yr Time 01   08   2025   04:35 Hrs.		Offense Tract 221
#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com		<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	<input type="checkbox"/> Att <input type="checkbox"/> Com		Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family	
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com		<input type="checkbox"/> Att <input type="checkbox"/> Com		<input type="checkbox"/> Att <input type="checkbox"/> Com			

MO How Attacked or Committed  
DATA OMITTED

Forcible  
 Yes  N/A  No

Weapon / Tools

V # 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

VICTIM #1: Victim/Business Name (Last, First, Middle): DATA OMITTED

Victim of Crime #: I, DOB / Age: , Race: , Sex: , Relationship To Offender: , 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

Officer <b>GRABS, D. M. (16310)</b>	ID#	Officer Signature	Supervisor Signature <b>ALLEN, W. A. (15431)</b>
Complainant Signature		Case Status <input type="checkbox"/> Further Investigation <input checked="" 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

**Status**