

I
N
C
I
D
E
N
T
D
A
T
A

Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2501705

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
01 | 16 | 2025 | 15:03 Hrs.

#1	Crime Incident(s) Weapons-other	<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	01 11 2025 14:04 Hrs								

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident	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 type="checkbox"/> Com	3800 Leo St, Winston-salem NC 27105	Offense Tract 121							

#3	Crime Incident	<input type="checkbox"/> Att	Premise Type	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 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 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) DATA OMITTED	Victim of Crime # 1,	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input 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
	13	OTHE			1	(9MM) HANDGUN	SCCY/Cpx-2	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 HUNTER, R. S. (15889)	ID#	Officer Signature	Supervisor Signature VANBUREN, M. A. (15828)
-----------------------------------------	-----	-------------------	--------------------------------------------------------

Complainant Signature	Case Status	Case Disposition:
	<input checked="" 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"/> 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