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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2502087

ORI  
NC NC 0340200

Date / Time Reported  S  M  T  W  T  F  S  
 Month Day Yr Time  
 01 | 19 | 2025 | 19:53 Hrs.

|    |   |   |   |  |   |
|----|---|---|---|--|---|
| #1 | Crime Incident(s)<br><i>Wspd-disturbing The Peace</i> | <input type="checkbox"/> Att<br><input checked="" type="checkbox"/> Com | At Found<br>Month Day Yr Time<br>01   19   2025   19:53 Hrs | <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 | Last Known Secure<br>Month Day Yr Time<br>01   19   2025   19:52 Hrs. |
|----|---|---|---|--|---|

|    |                |  |   |                             |
|----|----------------|--|---|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att<br><input type="checkbox"/> Com | Location of Incident<br><i>600 Countryside Ct, Winston-salem NC 27105</i> | Offense Tract<br><i>123</i> |
|----|----------------|--|---|-----------------------------|

|    |                |  |              |   |
|----|----------------|--|--------------|---|
| #3 | Crime Incident | <input type="checkbox"/> Att<br><input type="checkbox"/> Com | Premise Type | Victim Residence Type<br><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)<br>DATA OMITTED | Victim of Crime #<br><i>1,</i> | DOB / Age | Race | Sex | Relationship To Offender | Resident Status<br><input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><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 |
|-----|------|-------|-------|-------|---------|-----|

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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 ID#<br><i>RAZO-MENDEZ, F. C. (16378)</i> | Officer Signature | Supervisor Signature<br><i>BRUNER, K. M. (15921)</i> |
|--|-------------------|--|

|                       |   |   |
|-----------------------|---|---|
| Complainant Signature | Case Status<br><input type="checkbox"/> Further Investigation<br><input checked="" type="checkbox"/> Inactive<br><input type="checkbox"/> Closed/Cleared<br><input type="checkbox"/> Closed/Leads Exhausted | Case Disposition:<br><input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined<br><input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate<br><input type="checkbox"/> Cleared by Arrest by Another Agency<br><input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined |
|-----------------------|---|---|

**Status**