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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2502199

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
01 | 21 | 2025 | 04:35 Hrs.

| | | | | | | | | | | | |
|----|--|---|-----------|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|
| #1 | Crime Incident(s) Common Law Robbery-strongarm | <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"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> S |
| | | <input checked="" type="checkbox"/> Com | 01 | 21 | 2025 | 04:35 | | | | | |

| | | | | | | | | | | | |
|----|----------------|------------------------------|---|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|
| #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"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> S |
| | | <input type="checkbox"/> Com | 100 Capitol Lodging Ct, Winston-salem NC | | | | | | | | |

| | | | | | | | | | | | |
|----|----------------|------------------------------|--------------|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|
| #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"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> S |
| | | <input type="checkbox"/> Com | | | | | | | | | |

MO How Attacked or Committed
DATA OMITTED

Forcible
 Yes N/A
 No

Weapon / Tools

| | | | | | | | | |
|--------------------------|----------------------------------|--|--|---------------------------------------|---|-----------------------------------|--|--------------------------------------|
| # of Victims 2 | Type | <input checked="" type="checkbox"/> Person | <input type="checkbox"/> Business | Injury | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Loss of Teeth | Drug/Alcohol Use: |
| | <input type="checkbox"/> Society | <input type="checkbox"/> Government | <input type="checkbox"/> Financial Institute | <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Severe Lacerations | <input type="checkbox"/> Internal | <input type="checkbox"/> Unconscious | <input type="checkbox"/> Other Major |

| | | | | | | | | |
|--------|---|--|-------------------|-----------|----------|----------|--------------------------|---|
| VICTIM | # | Victim/Business Name (Last, First, Middle) | Victim of Crime # | DOB / Age | Race | Sex | Relationship To Offender | Resident Status |
| | | DATA OMITTED | 1, | 33 | U | M | IRU | <input checked="" 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 |
|-----|------|-------|-------|-------|---------|-----|

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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 |
|----------|-----|--------|-------|----|-----|----------------------|------------|---|
| 2 | 20 | 7 | | | 1 | MONEY/CASH | | DATA OMITTED |
| 2 | 77 | 7 | | | 1 | DEPOSIT BOX | | 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 BALDWIN, M. K. (16364) | ID# | Officer Signature | Supervisor Signature REYNOLDS, S. A. (15618) |
| 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 |

Status