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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2502535

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
 01 | 24 | 2025 | 00:41 Hrs.

#1	Crime Incident(s) <i>Discharging Firearm</i>	<input type="checkbox"/> Att	At Found Month Day Yr Time	01 24 2025 00:41 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
		<input checked="" type="checkbox"/> Com									

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident <i>100 Knott St/pine View Dr, Winston-salem NC</i>					<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												

#3	Crime Incident	<input type="checkbox"/> Att	Premise Type					<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												

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 #: *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*

ID Officer: *MABE, J. A. (16209)* ID#: _____ Officer Signature: _____ Supervisor Signature: *WHITE, R. D. (15708)*

Complainant Signature: _____

Status Case Status: Further Investigation Inactive Closed/Cleared Closed/Leads Exhausted

Case Disposition: Unfounded Located Extradition Declined
 Cleared by Arrest Refuse to Cooperate
 Cleared by Arrest by Another Agency
 Death of Offender Prosecution Declined