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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2502605

ORI  
NC NC 0340200

Date / Time Reported  
Month Day Yr Time  
01 | 24 | 2025 | 14:05 Hrs.

#1	Crime Incident(s) <b>Aggravated Assault</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 01   24   2025   14:05 Hrs	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Last Known Secure Month Day Yr Time 01   24   2025   14:04 Hrs.
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#2	Crime Incident <b>Arson</b>	<input checked="" type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>401 Gregory St, Winston-salem NC 27101</b>	Offense Tract <b>412</b>
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#3	Crime Incident <b>Breaking &amp; Entering With Force</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Premise Type	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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MO How Attacked or Committed DATA OMITTED	Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
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# of Victims 2	Type <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown	Injury <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major	Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
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V I C T I M	#1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1,2,3,	DOB / Age 72	Race W	Sex M	Relationship To Offender IRU	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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Home Address DATA OMITTED	Home Phone
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Employer Name/Address DATA OMITTED	Business Phone
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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
1	77	4			1	DOOR FRAME	DOOR/Frame	DATA OMITTED
1	16	4			1	HOUSEHOLD GOODS	/Table	FOR
1	16	4			0	HOUSEHOLD GOODS	CHAIR	INFORMATION
2	77	7			1	OTHER	CLOTH/Purse	SECURITY
								PURPOSES
								ONLY THE FIRST
								TWELVE PROPERTY
								ITEMS ARE
								DISPLAYED ON
								P2C REPORTS

Number of Vehicles Stolen 0 Number Vehicles Recovered 0

Officer <b>AYALA-AMAYA, M. N. (16381)</b>	Officer Signature	Supervisor Signature <b>WHELAN, L. T. (15232)</b>
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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
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**Status**