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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2502774

ORI  
NC NC 0340200

Date / Time Reported  
 Month Day Yr Time  
 01 | 25 | 2025 | 19:29 Hrs.

|    |   |                              |                               |                             |  |                   |                             |
|----|---|------------------------------|-------------------------------|-----------------------------|--|-------------------|-----------------------------|
| #1 | Crime Incident(s)<br><b>Discharging Firearm</b> | <input type="checkbox"/> Att | At Found<br>Month Day Yr Time | 01   25   2025   19:29 Hrs. | <input type="checkbox"/> Last Known Secure | Month Day Yr Time | 01   25   2025   19:28 Hrs. |
|----|---|------------------------------|-------------------------------|-----------------------------|--|-------------------|-----------------------------|

|    |                |                              |   |  |  |                             |
|----|----------------|------------------------------|---|--|--|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident<br><b>4099 S Main St/hilton Dr, Winston-salem NC</b> |  |  | Offense Tract<br><b>313</b> |
|----|----------------|------------------------------|---|--|--|-----------------------------|

|    |                |                              |              |   |
|----|----------------|------------------------------|--------------|---|
| #3 | Crime Incident | <input type="checkbox"/> Att | 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<br><b>1</b> | Type<br><input type="checkbox"/> Person <input type="checkbox"/> Business<br><input checked="" type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute<br><input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown | Injury<br><input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth<br><input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations<br><input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major | Drug/Alcohol Use:<br><input type="checkbox"/> Yes <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
|--------------------------|---|---|---|

|    |  |                                |           |      |     |                          |   |
|----|--|--------------------------------|-----------|------|-----|--------------------------|---|
| V1 | Victim/Business Name (Last, First, Middle)<br>DATA OMITTED | Victim of Crime #<br><b>1,</b> | 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<br><b>WILKES, K. N. (15827)</b> | ID# | Officer Signature | Supervisor Signature<br><b>MCCARTHY, D. J. (15427)</b> |
|---|-----|-------------------|--|

|                       |   |   |
|-----------------------|---|---|
| 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**