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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2503869

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
 02 | 03 | 2025 | 15:10 Hrs.

| | | | | | |
|----|---|------------------------------|---|--|---|
| #1 | Crime Incident(s) <i>Discharging Firearm</i> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | At Found Month Day Yr Time 02 03 2025 15:10 Hrs. | Last Known Secure Month Day Yr Time 02 03 2025 15:09 Hrs. |
|----|---|------------------------------|---|--|---|

| | | | | | |
|----|----------------|------------------------------|------------------------------|---|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Location of Incident <i>4412 S Main St Apt. 61, Winston-salem NC 27127</i> | Offense Tract <i>313</i> |
|----|----------------|------------------------------|------------------------------|---|-----------------------------|

| | | | | | |
|----|----------------|------------------------------|------------------------------|--------------|---|
| #3 | Crime Incident | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Premise Type | Victim Residence Type <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 # 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

VICTIM #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 |
|----------|-----|--------|-------|----|-----|----------------------|----------------|---|
| | 59 | EVID | | | 2 | (45) SHELLCASING | AMMO INC | DATA OMITTED |
| | PTR | OTHE | | | 1 | 2016 BLK, PLC7235 NC | CHEV Silverado | 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: *DAVISON, M. M. (16233)* ID#: _____ Officer Signature: _____ Supervisor Signature: *LANGDON, S. L. (15223)*

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