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