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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2504825

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
 02 | 11 | 2025 | 15:46 Hrs.

| | | | | | | | | | | | |
|----|---|---|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|
| #1 | Crime Incident(s) <i>Wspd-disturbing The Peace</i> | <input type="checkbox"/> Att | At Found Month Day Yr Time | 02 11 2025 15:46 Hrs | <input type="checkbox"/> S | <input type="checkbox"/> M | <input type="checkbox"/> T | <input type="checkbox"/> W | <input type="checkbox"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> S |
| | | <input checked="" type="checkbox"/> Com | | | | | | | | | |

Last Known Secure
 Month Day Yr Time
 02 | 11 | 2025 | 15:45 Hrs.

| | | | | | | | | | | | | | | |
|----|----------------|------------------------------|--|--|--|--|--|-----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident <i>1620 Woods Rd, Winston-salem NC 27106</i> | | | | | <input type="checkbox"/> S | <input type="checkbox"/> M | <input type="checkbox"/> T | <input type="checkbox"/> W | <input type="checkbox"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> S |
| | | <input type="checkbox"/> Com | | | | | | Offense Tract <i>113</i> | | | | | | |

| | | | | | | | | | | | | | | |
|----|----------------|------------------------------|--------------|--|--|--|--|---|--|--|--|--|--|--|
| #3 | Crime Incident | <input type="checkbox"/> Att | Premise Type | | | | | Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family | | | | | | |
| | | <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*

| | | | |
|---------------------------------------|-----|-------------------|--|
| Officer <i>HELF, C. R. (14995)</i> | ID# | Officer Signature | Supervisor Signature <i>MATTISON, G. M. (15167)</i> |
|---------------------------------------|-----|-------------------|--|

| | | | |
|-----------------------|---|---|--------|
| 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 | Page 1 |
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