

I
N
C
I
D
E
N
T
I
F
I
C
A
T
I
O
N
N
U
M
B
E
R

Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2505131

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
02 | 13 | 2025 | 23:33 Hrs.

#1	Crime Incident(s) Ccw-possession/concealing Weapons	<input type="checkbox"/> Att	At Found	Month	Day	Yr	Time	S M T W T F S	Last Known Secure	Month	Day	Yr	Time	S M T W T F S
		<input checked="" type="checkbox"/> Com		02	13	2025	23:33			02	13	2025	23:32	

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident										Offense Tract
		<input type="checkbox"/> Com	199 W Seventh St/n Trade St, Winston-salem NC										411

#3	Crime Incident	<input type="checkbox"/> Att	Premise Type										Victim Residence Type	
		<input type="checkbox"/> Com											<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 1	Type <input type="checkbox"/> Person <input type="checkbox"/> Business <input checked="" 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 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
--------------------------	---	---	---

V1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1,	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <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
-----	------	-------	-------	-------	---------	-----

O
T
H
E
R

I
N
V
O
L
V
E
D

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
	13	EVID			1	(9MM) FIREARMS/AMMUNITION	TAURUS/G3	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**

ID	Officer TAYLOR, C. J. (16361)	ID#	Officer Signature	Supervisor Signature SMITH, D. G. (14704)
Status	Complainant Signature		Case Status	Case Disposition:
			<input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	<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