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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2506584

ORI  
NC NC 0340200

Date / Time Reported  
Month Day Yr Time  
02 | 26 | 2025 | 17:07 Hrs.

|    |                                                |                                         |                        |                   |               |                        |                   |               |
|----|------------------------------------------------|-----------------------------------------|------------------------|-------------------|---------------|------------------------|-------------------|---------------|
| #1 | Crime Incident(s)<br><b>Aggravated Assault</b> | <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   26   2025   17:07 |                   |               | 02   26   2025   17:06 |                   |               |

|    |                |                              |                                                                         |  |  |  |                             |
|----|----------------|------------------------------|-------------------------------------------------------------------------|--|--|--|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident<br><b>838 E Sprague St, Winston-salem NC 27107</b> |  |  |  | Offense Tract<br><b>212</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<br>How Attacked or Committed<br>DATA OMITTED | Forcible<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> No | Weapon / Tools |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------|

|                          |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                           |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| # of Victims<br><b>1</b> | Type<br><input checked="" type="checkbox"/> Person <input type="checkbox"/> Business<br><input 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 checked="" 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 |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

|                            |                                                                   |                               |                        |                  |                 |                                        |                                                                                                                                              |
|----------------------------|-------------------------------------------------------------------|-------------------------------|------------------------|------------------|-----------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| V<br>I<br>C<br>T<br>I<br>M | Victim/Business Name (Last, First, Middle)<br><b>DATA OMITTED</b> | Victim of Crime #<br><b>1</b> | DOB / Age<br><b>37</b> | Race<br><b>B</b> | Sex<br><b>F</b> | Relationship To Offender<br><b>IRU</b> | Resident Status<br><input checked="" type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><input type="checkbox"/> Unknown |
|----------------------------|-------------------------------------------------------------------|-------------------------------|------------------------|------------------|-----------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|

|                                     |            |
|-------------------------------------|------------|
| Home Address<br><b>DATA OMITTED</b> | Home Phone |
|-------------------------------------|------------|

|                                              |                |
|----------------------------------------------|----------------|
| Employer Name/Address<br><b>DATA OMITTED</b> | 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   |
|----------|-----|--------|-------|----|-----|----------------------|-----------------|-----------------|
|          | 80  | EVID   |       |    | 1   | WEAPONS-OTHER        | LOUISVILLE/Slug | DATA OMITTED    |
|          | 80  | EVID   |       |    | 1   | WEAPONS-OTHER        |                 | FOR             |
|          | 80  | EVID   |       |    | 1   | WEAPONS-OTHER        |                 | 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>SHARUM, L. A. (16350)</b> | ID# | Officer Signature | Supervisor Signature<br><b>NAVY, C. M. (15037)</b> |
|-----------------------------------------|-----|-------------------|----------------------------------------------------|

|                       |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complainant Signature | Case Status<br><input type="checkbox"/> Further Investigation<br><input 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**