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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2506895

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
 03 | 01 | 2025 | 02:48 Hrs.

#1	Crime Incident(s) <i>Discharging Firearm</i>	<input type="checkbox"/> Att	At Found Month Day Yr Time	03 01 2025 02:48 Hrs	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S
		<input checked="" type="checkbox"/> Com									

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident <i>3511 Fieldstone Dr, Winston-salem NC 27105</i>					<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S
		<input type="checkbox"/> Com												

#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 # 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
13		EVID			1	(9MM) LIVE ROUND	FC	DATA OMITTED
13		EVID			2	CARTRIDGE CASING	FC	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: *FISHER, C. D. (16079)* ID#: Officer Signature: Supervisor Signature: *STUMP, J. K. (14922)*

Complainant Signature: Case Status: Further Investigation Inactive Closed/Cleared Closed/Leads Exhaustured

Case Disposition: Unfounded Located Extradition Declined
 Cleared by Arrest Refuse to Cooperate
 Cleared by Arrest by Another Agency
 Death of Offender Prosecution Declined