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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2508043**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**03 | 10 | 2025 | 22:00** Hrs.

|    |   |   |           |                   |                            |                            |                            |                            |                            |                            |                            |
|----|---|---|-----------|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| #1 | Crime Incident(s)<br><b>Discharging Firearm</b> | <input type="checkbox"/> Att            | At Found  | Month Day Yr Time | <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 | <b>03</b> | <b>10</b>         | <b>2025</b>                | <b>22:00</b>               |                            |                            |                            |                            |                            |

Last Known Secure  
 Month Day Yr Time  
**03 | 10 | 2025 | 21:59** Hrs.

|    |                |                              |   |  |  |  |  |  |  |                             |
|----|----------------|------------------------------|---|--|--|--|--|--|--|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | Location of Incident<br><b>5177 Tea Tree Ln, 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 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)<br><b>DATA OMITTED</b> | Victim of Crime #<br><b>1,</b> | DOB / Age | Race | Sex | Relationship To Offender | Resident Status<br><input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><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 |
|-----|------|-------|-------|-------|---------|-----|

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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          |
|----------|-----|--------|-------|----|-----|----------------------|------------|------------------------|
|          |     |        |       |    |     |                      |            | <b>DATA OMITTED</b>    |
|          |     |        |       |    |     |                      |            | <b>FOR</b>             |
|          |     |        |       |    |     |                      |            | <b>INFORMATION</b>     |
|          |     |        |       |    |     |                      |            | <b>SECURITY</b>        |
|          |     |        |       |    |     |                      |            | <b>PURPOSES</b>        |
|          |     |        |       |    |     |                      |            | <b>ONLY THE FIRST</b>  |
|          |     |        |       |    |     |                      |            | <b>TWELVE PROPERTY</b> |
|          |     |        |       |    |     |                      |            | <b>ITEMS ARE</b>       |
|          |     |        |       |    |     |                      |            | <b>DISPLAYED ON</b>    |
|          |     |        |       |    |     |                      |            | <b>P2C REPORTS</b>     |

Number of Vehicles Stolen: **0** Number Vehicles Recovered: **0**

|   |     |                   |   |
|---|-----|-------------------|---|
| Officer<br><b>PARKER, M. J. (15308)</b> | ID# | Officer Signature | Supervisor Signature<br><b>STUMP, J. K. (14922)</b> |
|---|-----|-------------------|---|

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