

I N C I D E N T / I N V E S T I G A T I O N
R E P O R T

Agency Name	WINSTON-SALEM POLICE
ORI	NC NC 0340200

INCIDENT/INVESTIGATION
REPORT

OCA	2604964
Date / Time Reported Month Day Yr Time	S M T W T F S 02 14 2026 22:36 Hrs.

E N T	#1	Crime Incident(s) Police Service-non Criminal Call For Service	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 02 14 2026 22:36 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	Last Known Secure Month Day Yr Time 02 14 2026 22:35 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
D A T	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 633 N Liberty St, Winston-salem NC 27101	Offense Tract 411		
A	#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family		
MO	How Attacked or Committed DATA OMITTED				<input type="checkbox"/> Forcible <input type="checkbox"/> Yes <input type="checkbox"/> No	Weapon / Tools <input checked="" type="checkbox"/> N/A	
V	# of Victims 0	Type <input type="checkbox"/> Person <input type="checkbox"/> Business <input 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"/> 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 type="checkbox"/> No <input type="checkbox"/> N/A			
I C T I M	Victim/Business Name (Last, First, Middle) V1 DATA OMITTED	Victim of Crime #	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	

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DATA OMITTED

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Status L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found
Codes (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

ID	Officer BROWN, T. V. (16439)	ID#	Officer Signature	Supervisor Signature BOLES, A. J. (15664)
Status	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"/> 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	Extradition Declined
				Page 1 Rev. 3/92