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|--------------------------------------|--|---------------------------------------|----------------------------------|--|--|---|--|--|--|--|--|---|--|---|--|-----------------------------|--|--|--|--|--|--|
| I N C I D E N T | Agency Name <i>WINSTON-SALEM POLICE</i> | | INCIDENT/INVESTIGATION REPORT | | | | | | | | | | OCA <i>2015119</i> | | | | | | | | | |
| | ORI <i>NC NC 0340200</i> | | | | | | | | | | | | Date / Time Reported <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 Month Day Yr Time <i>03 22 2020 10:20</i> Hrs. | | | | | | | | | |
| | #1 | Crime Incident(s) <i>Vandalism</i> | | | | <input type="checkbox"/> Att <input checked="" type="checkbox"/> Com | | At Found Month Day Yr Time <i>03 22 2020 10:20</i> Hrs | | | | Last Known Secure <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 Month Day Yr Time <i>03 22 2020 10:20</i> Hrs. | | | | | | | | | | |
| D A T A | #2 | Crime Incident | | | | <input type="checkbox"/> Att <input type="checkbox"/> Com | | Location of Incident <i>1959 Maryland Av/adelaide St, Winston-salem</i> | | | | | | | | Offense Tract <i>221</i> | | | | | | |
| | #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 | Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No | Weapon / Tools |
|----|---|---|----------------|
|----|---|---|----------------|

| | | | | | | | | | | |
|----------------------------|---|--|--|--|--|-----------|------|---|--------------------------|--|
| V I C T I M | # of Victims | Type <input type="checkbox"/> Person <input checked="" 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"/> 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 | | |
| | <i>I</i> | | | | | | | | | |
| | V1 | Victim/Business Name (Last, First, Middle) DATA OMITTED | | | Victim of Crime # <i>I,</i> | DOB / Age | Race | Sex | Relationship To Offender | Resident Status <input checked="" 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 |
|-----|------|-------|-------|-------|---------|-----|
|-----|------|-------|-------|-------|---------|-----|

OTHERS
DATA OMITTED
IN
VOLUME

[illegible]

| | | | | | | | | |
|---------------------------|---|-----|---|---------------------------|---|---|-------------------|--|
| Number of Vehicles Stolen | | 0 | | Number Vehicles Recovered | | 0 | | |
| ID | Officer <i>MITCHELL, K. S. (16176)</i> | ID# | | Officer Signature | | Supervisor Signature <i>SLOAN, C. S. (14625)</i> | | |
| 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"/> 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 | | <div>Page 1</div> | |