

I N C I D E N T	Agency Name WINSTON-SALEM POLICE		INCIDENT/INVESTIGATION REPORT										OCA 2169390									
	ORI NC NC 0340200												Date / Time Reported Month Day Yr Time 12 31 2021 22:02 Hrs.									
	#1	Crime Incident(s) Discharging Firearm				<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com		At Found Month Day Yr Time 12 31 2021 22:02 Hrs.				<input type="checkbox"/> Last Known Secure <input type="checkbox"/> Month Day Yr Time 12 31 2021 22:02 Hrs.										
D A T A	#2	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com		Location of Incident 1016 E Sprague St, Winston-salem NC 27107								Offense Tract 213						
	#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
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V I C T I M	# of Victims <i>1</i>		Type <input type="checkbox"/> Person <input type="checkbox"/> Business <input checked="" 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			
	V1		Victim/Business Name (Last, First, Middle) DATA OMITTED				Victim of Crime # <i>1,</i>	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						

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)									
P R O P E R T Y	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 <i>MILLER, A. B. (16122)</i>	ID#		Officer Signature		Supervisor Signature <i>MULGREW, M. J. (14746)</i>	
Status	Complainant Signature			Case Status		Case Disposition:	
				<input type="checkbox"/> Further Investigation <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted		<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	
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