

I N C I D E N T   D A T A	Agency Name <i>WINSTON-SALEM POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2221590</i>									
	ORI <i>NC NC 0340200</i>												Date / Time Reported <div> <div>Month</div> <div>Day</div> <div>Yr</div> <div>Time</div> </div> <i>05   05   2022   03:59</i> Hrs.									
	#1	Crime Incident(s) <i>Discharging Firearm</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found <div> <div>Month</div> <div>Day</div> <div>Yr</div> <div>Time</div> </div> <i>05   05   2022   03:59</i> Hrs					Last Known Secure <div> <div>Month</div> <div>Day</div> <div>Yr</div> <div>Time</div> </div> <i>05   05   2022   03:59</i> Hrs													
	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>711 E Sixteenth St, Winston-salem NC 27105</i>										Offense Tract <i>222</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
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V I C T I M	# of Victims	Type	<input type="checkbox"/> Person	<input type="checkbox"/> Business	Injury	<input type="checkbox"/> None	<input type="checkbox"/> Minor	<input type="checkbox"/> Loss of Teeth	Drug/Alcohol Use:		
	I		<input checked="" type="checkbox"/> Society	<input type="checkbox"/> Government	<input type="checkbox"/> Financial Institute	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Severe Lacerations		<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown	
			<input type="checkbox"/> Religious	<input type="checkbox"/> L.E. Officer Line of Duty	<input type="checkbox"/> Other/Unknown	<input type="checkbox"/> Internal	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Other Major	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
	V1	Victim/Business Name (Last, First, Middle)				Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
		DATA OMITTED				I,					<input type="checkbox"/> Resident
											<input type="checkbox"/> Non-Resident
										<input type="checkbox"/> Unknown	
	Home Address							Home Phone			
	Employer Name/Address							Business Phone			
	VYR	Make	Model	Style	Color	Lic/Lis	Vin				

DATA OMITTED

<b>Status Codes</b> 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	

DCI-600F