

I N C I D E N T	Agency Name WINSTON-SALEM POLICE				INCIDENT/INVESTIGATION REPORT				OCA 2223664			
	ORI NC NC 0340200								Date / Time Reported Month Day Yr Time 05 16 2022 13:33 Hrs.			
D A T A	#1	Crime Incident(s) All Other Fraud			<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 05 16 2022 13:33 Hrs			Last Known Secure Month Day Yr Time 05 16 2022 13:33 Hrs.			
	#2	Crime Incident			<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 202 Miller Pointe Cr, Winston-salem NC 27106					Offense Tract 114	
	#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 1	Type <input checked="" 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"/> 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,	DOB / Age 72	Race W	Sex M	Relationship To Offender IRU	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												

DATA OMITTED

L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found Status Codes (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
		77	7			1	DUKE ENERGY		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 RICHARDSON, S. G. (15580) ID#				Officer Signature			Supervisor Signature LOVEJOY, G. W. (14392)	
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		
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