I N	Agenc	y Name	e WIN	] IN	INCIDENT/INVESTIGATION							OCA 2224292							
C	ORI	NC	NC 034	10200			REPORT								Date / Time Reported SMTWIFS Month Day Yr Time				
D E		rime I			│							05   19   2022   18:22 Hrs.   Last Known Secure   S M T W = F S							
N T	#1 Discharging Firearm									Att   At Found   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   Month Day Yr Time   Month Day Yr   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S   Last Known Secure   S M T W T F S M T F S   Last Known Secure   S M T W T F S M T F S   Last Known Secure   S M T W T F S M T F S									
D	#2	Crime I	ncident	0 0					Att	Locatio	n of	f Incident					, , =	Offense Tract	
A T		Trima I	ncident				_	Com 128 Weatherwood Ct, Winston- Att Premise Type						-salem	lem NC 27103 314 Victim Residence Type				
A	#3	Jime I	ncident						Com	1 Tellise	ı ı y	pe				- 1		nily	
МО			d or Con MITTEI									Forcible  Yes  No	X N/A	We	apon / Tool	s			
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															Alcohol Use:			
3.7	1 Society Government Financial Institute Broken Bones Severe Lacerations Institute Ins															_			
V I		Victim/		Name (Last, First,			пу 📙 Опис	21/ UII	IKIIOW	"   L	In	Victim of		3 / Age	Race	<u> </u>		ip Resident Status	
C T	V1		DA	ΓA OMITTED	Crime #					C			To Offend	Resident Non-Resident					
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	Home Address DATA OMI									TTED						Home Phone			
	Employer Name/Address DATA ON								 ITTED						Business Phone				
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O T H E R																			
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V O L V E D																			
Status																			
Codes	Victim				Proceeds D. 111							Т							
	#	# DCI Status Value OJ QTY P							Property Description						Mal	ce/Mo		Serial Number DATA OMITTED	
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ID	Office:		P. (157	ID (89)		Officer Sig	Officer Signature Supervisor Signature KORN, A. R. (15714)												
ID	KING, A. P. (15789)  Complainant Signature Case S														, 11. 11.	(1)			
Status	-						☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared			☐ Unfoun ☐ Cleared ☐ Cleared	ded by Ai by Ai	Loc rrest rrest by Ander	] Refuse other Ag	gency	ooperate	Page 1	