

I N C I D E N T	Agency Name WINSTON-SALEM POLICE				INCIDENT/INVESTIGATION REPORT				OCA 2258161					
	ORI NC NC 0340200								Date / Time Reported Month Day Yr Time 12 02 2022 14:46 Hrs.					
D A T A	#1	Crime Incident(s) Larceny- All Other				<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 12 02 2022 14:46 Hrs				Last Known Secure Month Day Yr Time 12 02 2022 14:46 Hrs.			
	#2	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 301 W Fifth St, Winston-salem NC 27101				Offense Tract 111			
M O	#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			
	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 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				
	V1	Victim/Business Name (Last, First, Middle) DATA OMITTED				Victim of Crime # 1,		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		

INVOLVED

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)						
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[illegible]

Number of Vehicles Stolen	θ	Number Vehicles Recovered	θ
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ID	Officer <i>FELSKE, P. M. (14608)</i>	ID#	Officer Signature	Supervisor Signature <i>CARLIN, J. L. (14974)</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"/> Cleared by Arrest <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender	<input type="checkbox"/> Located <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Prosecution Declined
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