

I N C I D E N T	Agency Name <b>WINSTON-SALEM POLICE</b>		<b>INCIDENT/INVESTIGATION REPORT</b> <b>** Contains Restricted Names **</b>										OCA 2304469	
	ORI NC NC 0340200												Date / Time Reported Month Day Yr Time 01   30   2023   09:23 Hrs.	
	#1	Crime Incident(s) <b>Burglary - Forced</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 01   30   2023   09:23 Hrs.				Last Known Secure Month Day Yr Time 01   30   2023   09:23 Hrs.						
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>1708 Lincoln Av, Winston-salem NC 27105</b>								Offense Tract <b>112</b>		
	#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 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 checked="" 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		
	<i>1</i>									
	<b>V1</b>	Victim/Business Name (Last, First, Middle)  DATA OMITTED			Victim of Crime #  <i>1,</i>	DOB / Age  <i>20</i>	Race  <i>W</i>	Sex  <i>F</i>	Relationship To Offender  <i>1ST</i>	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		

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)									
	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number	
PROPERTY REPORT	1	29	TARG			1	GLASS WINDOW PANE		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 <b>CARLIN, J. L. (14974)</b>	ID#		Officer Signature		Supervisor Signature <b>BOGER, J. C. (14943)</b>	
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		
Page 1							