

I N C I D E N T	Agency Name <i>WINSTON-SALEM POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2304504</i>		
	ORI <i>NC NC 0340200</i>												Date / Time Reported Month Day Yr Time <i>01 30 2023 12:17</i> Hrs.		
	#1	Crime Incident(s) <i>Agg Aslt Disch Fa/occ Dwell/veh</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>01 30 2023 12:17</i> Hrs.		Last Known Secure Month Day Yr Time <i>01 30 2023 12:17</i> Hrs.									
D A T A	#2	Crime Incident <i>Vandalism</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <i>1348 N Patterson Av, Winston-salem NC 27102</i>								Offense Tract <i>112</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					

V I C T I M	# of Victims	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				
	2													
	V1	Victim/Business Name (Last, First, Middle)					Victim of Crime #	DOB / Age		Race	Sex	Relationship To Offender	Resident Status	
		DATA OMITTED					2						<input checked="" 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								

INVOLVED

DATA OMITTED

P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
		13	EVID			1	(9MM) FIREARMS/AMMUNITION	SPRINGFIELD	DATA OMITTED
		07	EVID			1	USB DRIVE	LEXAR/Usb	FOR
		13	EVID			1	(9MM) SPENT SHELL CASING	BLAZER/Riger	INFORMATION
		13	EVID			1	(9MM) BULLET	HORNADY/Luger	SECURITY
	4	31	4			1	STRUCTURES - COMMERCIAL/BUSINE	GLASS	PURPOSES
									ONLY THE FIRST
									TWELVE PROPERTY
									ITEMS ARE
									DISPLAYED ON
									P2C REPORTS

Officer <i>PACE, S. A. (16059)</i>	ID#	Officer Signature	Supervisor Signature <i>BOGER, J. C. (14943)</i>
Complainant Signature		Case Status <input type="checkbox"/> Further Investigation <input 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
Status			Page 1