

I N C I D E N T	Agency Name WINSTON-SALEM POLICE		INCIDENT/INVESTIGATION REPORT										OCA 2311618	
	ORI NC NC 0340200												Date / Time Reported Month Day Yr Time 03 21 2023 00:14 Hrs.	
	#1	Crime Incident(s) Aggravated Assault	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 03 21 2023 00:14 Hrs.				Last Known Secure Month Day Yr Time 03 21 2023 00:14 Hrs.		S M T W T F S				
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 1045 N Cherry St, Winston-salem NC 27117							Offense Tract 112			
	#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 <i>1</i>		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 checked="" 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>1,</i>	DOB / Age <i>60</i>	Race <i>W</i>	Sex <i>M</i>	Relationship To Offender <i>IRU</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	
	VYR	Make	Model	Style	Color	Lic/Lis	Vin					

DATA OMITTED

[illegible]

Number of Vehicles Stolen		0		Number Vehicles Recovered		0		
ID	Officer TEAGUE, J. G. (16065)	ID#		Officer Signature		Supervisor Signature MULLIN, B. H. (15079)		
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		<div>Page 1</div>	