

I N C I D E N T	Agency Name <b>WINSTON-SALEM POLICE</b>		INCIDENT/INVESTIGATION REPORT										OCA 2312199	
	ORI NC NC 0340200												Date / Time Reported Month Day Yr Time 03   24   2023   21:12 Hrs.	
	#1	Crime Incident(s) Discharging Firearm	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 03   24   2023   21:12 Hrs	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Last Known Secure Month Day Yr Time 03   24   2023   21:11 Hrs.								
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 2494 Armstrong Dr, Winston-salem NC 27103					Offense Tract 323					
	#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 type="checkbox"/> Person <input type="checkbox"/> Business <input checked="" 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		
	<i>I</i>									
	<b>V1</b>	Victim/Business Name (Last, First, Middle)  DATA OMITTED			Victim of Crime #  <i>I,</i>	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input 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
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OTHERS

DATA OMITTED

IN  
VOL  
VE  
D

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
P R O P E R T Y								DATA OMITTED
								FOR
								INFORMATION
								SECURITY
								PURPOSES
								ONLY THE FIRST
								TWELVE PROPERTY
								ITEMS ARE
								DISPLAYED ON
								P2C REPORTS

Number of Vehicles Stolen	$\theta$	Number Vehicles Recovered	$\theta$
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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
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