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|--------------------------------------|--------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------|--|------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------|--|
| I N C I D E N T | Agency Name WINSTON-SALEM POLICE | | INCIDENT/INVESTIGATION REPORT | | | | | | | | | | OCA 2320888 | |
| | ORI NC NC 0340200 | | | | | | | | | | | | Date / Time Reported Month Day Yr Time 05 24 2023 00:32 Hrs. | |
| | #1 | Crime Incident(s) Discharging Firearm | <input type="checkbox"/> Att <input checked="" type="checkbox"/> Com | At Found Month Day Yr Time 05 24 2023 00:32 Hrs. | | Last Known Secure Month Day Yr Time 05 24 2023 00:32 Hrs. | | | | | | | | |
| D A T A | #2 | Crime Incident | <input type="checkbox"/> Att <input type="checkbox"/> Com | Location of Incident 901 Gray Av, Winston-salem NC 27101 | | | | | | Offense Tract 222 | | | | |
| | #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> | | Victim/Business Name (Last, First, Middle) | | | | Victim of Crime # | | DOB / Age | | Race | | Sex | | Relationship To Offender | | Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown | |
| | V1 | | DATA OMITTED | | | | <i>I,</i> | | | | | | | | | | | |
| | 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 <i>WILBURN, J. M. (16257)</i> | ID# | | Officer Signature | | Supervisor Signature <i>STUMP, J. K. (14922)</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"/> 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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