

I N C I D E N T	Agency Name <i>WINSTON-SALEM POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2320901</i>	
	ORI <i>NC NC 0340200</i>												Date / Time Reported Month Day Yr Time <i>05 24 2023 03:51</i> Hrs.	
	#1	Crime Incident(s) <i>Drug Violations</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>05 24 2023 03:51</i> Hrs	Last Known Secure Month Day Yr Time <i>05 24 2023 03:51</i> Hrs.									
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>4999 Home Rd/university Pw, Winston-salem NC</i>						Offense Tract <i>121</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 <i>1</i>		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	
	V1	Victim/Business Name (Last, First, Middle) DATA OMITTED					Victim of Crime # <i>1,</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				

INVOLVED

DATA OMITTED

[illegible]

Officer FISHER, C. D. (16079)	ID#	Officer Signature	Supervisor Signature MULLINS, B. H. (15079)
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
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