

I N C I D E N T	Agency Name <i>WINSTON-SALEM POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2320956</i>	
	ORI <i>NC NC 0340200</i>												Date / Time Reported <i>05   24   2023   14:36</i> Hrs.	
	#1	Crime Incident(s) <i>Discharging Firearm</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found <i>05   24   2023   14:36</i> Hrs		Last Known Secure <i>05   24   2023   14:35</i> Hrs.								
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>3000 Old Greensboro Rd - BLK, Winston-salem</i>						Offense Tract <i>224</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				

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	# of Victims	Type	<input type="checkbox"/> Person	<input type="checkbox"/> Business	Injury	<input type="checkbox"/> None	<input type="checkbox"/> Minor	<input type="checkbox"/> Loss of Teeth	Drug/Alcohol Use:
		<input checked="" type="checkbox"/> Society	<input type="checkbox"/> Government	<input type="checkbox"/> Financial Institute	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Severe Lacerations	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown		
		<input type="checkbox"/> Religious	<input type="checkbox"/> L.E. Officer	<input type="checkbox"/> Line of Duty	<input type="checkbox"/> Other/Unknown	<input type="checkbox"/> Internal	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Other Major	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

I C T I M	V1	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
		DATA OMITTED	I,					<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown

Home Address	DATA OMITTED	Home Phone
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Employer Name/Address	DATA OMITTED	Business Phone
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VYR	Make	Model	Style	Color	Lic/Lis	Vin
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DATA OMITTED

DATA OMITTED

Status Codes	L = Lost	S = Stolen	R = Recovered	D = Damaged	Z = Seized	B = Burned	C = Counterfeit / Forged	F = Found
	(Check "OJ" column if recovered for other jurisdiction)							

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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ID	Officer <i>PACE, S. A. (16059)</i>	ID#	Officer Signature	Supervisor Signature <i>KISER, C. N. (14944)</i>
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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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