

I N C I D E N T	Agency Name <i>WINSTON-SALEM POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2407612</i>		
	ORI <i>NC NC 0340200</i>												Date / Time Reported Month Day Yr Time <i>03 03 2024 17:10</i> Hrs.		
	#1	Crime Incident(s) <i>Found Property</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>03 03 2024 17:10</i> Hrs				Last Known Secure Month Day Yr Time <i>03 03 2024 17:09</i> Hrs.							
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>601 Peters Creek Pw, Winston-salem NC 27103</i>								Offense Tract <i>311</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
----	---	---	----------------

V I C T I M	# of Victims 0		Type <input 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 type="checkbox"/> Other Major				Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> N/A		
	V1	Victim/Business Name (Last, First, Middle) DATA OMITTED					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
	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 TUTTLE, M. A. (14990)	ID#		Officer Signature		Supervisor Signature HATCH, M. B. (14878)		
Status	Complainant Signature		Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input checked="" 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>	