

I N C I D E N T D A T A	Agency Name <i>WINSTON-SALEM POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2410183</i>									
	ORI <i>NC NC 0340200</i>												Date / Time Reported Month Day Yr Time <i>03 23 2024 11:26 Hrs.</i>									
	#1	Crime Incident(s) <i>Trespassing</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>03 23 2024 11:26 Hrs.</i>					Last Known Secure Month Day Yr Time <i>03 23 2024 11:25 Hrs.</i>													
		#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>3800 N Patterson Av, Winston-salem NC 27105</i>										Offense Tract <i>122</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 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			
	2	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,							
	Home Address									Home Phone			
	Employer Name/Address									Business Phone			
VYR	Make	Model	Style	Color	Lic/Lis	Vin							

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

Number of Vehicles Stolen		0		Number Vehicles Recovered		0	
ID	Officer BIGHAM, J. W. (15579)	ID#		Officer Signature		Supervisor Signature JACOBS, A. P. (14962)	
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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