

I N C I D E N T	Agency Name WINSTON-SALEM POLICE					INCIDENT/INVESTIGATION REPORT										OCA 2410810			
	ORI NC NC 0340200															Date / Time Reported Month Day Yr Time 03 28 2024 13:42 Hrs.			
D A T A	#1	Crime Incident(s) Other Sex Offense				<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 03 28 2024 13:42 Hrs				Last Known Secure Month Day Yr Time 03 28 2024 13:41 Hrs.								
	#2	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 429 S Broad St, Winston-salem NC 27101							Offense Tract 311					
M O	#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						
	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 1	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,		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

INVOLVED

DCI-600F