

I N C I D E N T	Agency Name <b>WINSTON-SALEM POLICE</b>				<b>INCIDENT/INVESTIGATION REPORT</b>										OCA <b>2411044</b>				
	ORI <b>NC NC 0340200</b>														Date / Time Reported Month Day Yr Time <b>03   30   2024   11:37</b> Hrs.				
D A T A	#1	Crime Incident(s) <b>Drug Violations</b>				<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>03   30   2024   11:37</b> Hrs				Last Known Secure Month Day Yr Time <b>03   30   2024   11:36</b> Hrs.								
	#2	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>1636 Old Salisbury Rd, Winston-salem NC 27127</b>								Offense Tract <b>314</b>				
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 <b>DATA OMITTED</b>										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 <b>1</b>	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) <b>DATA OMITTED</b>				Victim of Crime # <b>I,</b>		DOB / Age		Race	Sex	Relationship To Offender		Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown					
Home Address <b>DATA OMITTED</b>										Home Phone									
Employer Name/Address <b>DATA OMITTED</b>										Business Phone									
VYR		Make		Model		Style		Color		Lic/Lis				Vin					

DATA OMITTED

<b>Status Codes</b> 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)									
PROPERTY REPORT	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 <i>JOYNER, S. W. (16313)</i> ID#				Officer Signature			Supervisor Signature <i>COX, C. M. (15574)</i>	
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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