

I N C I D E N T	Agency Name WINSTON-SALEM POLICE		INCIDENT/INVESTIGATION REPORT										OCA 2411244	
	ORI NC NC 0340200												Date / Time Reported Month Day Yr Time 04 01 2024 04:21 Hrs.	
D A T A	#1	Crime Incident(s) Trespassing	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 04 01 2024 04:21 Hrs		Last Known Secure Month Day Yr Time 04 01 2024 04:20 Hrs.		<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S		<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S				
	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 5034 Raven Rd, Winston-salem NC 27105						Offense Tract 124				
	#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 1	Type <input type="checkbox"/> Person <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A						
	V1	Victim/Business Name (Last, First, Middle) DATA OMITTED			Victim of Crime # 1,	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input checked="" 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

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)									
PROPERTY	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>BOVARD, M. J. (16275)</i> ID#				Officer Signature			Supervisor Signature <i>KORN, A. R. (15714)</i>	
Complainant Signature					Case Status <input type="checkbox"/> Further Investigation <input 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		

Status

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