

I N C I D E N T	Agency Name <i>WINSTON-SALEM POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2411494</i>	
	ORI <i>NC NC 0340200</i>												Date / Time Reported Month Day Yr Time <i>04 03 2024 01:58</i> Hrs.	
	#1	Crime Incident(s) <i>Suspicious Person</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>04 03 2024 01:58</i> Hrs		Last Known Secure Month Day Yr Time <i>04 03 2024 01:57</i> Hrs.								
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>2152 Burke Meadows Rd, Winston-salem NC</i>								Offense Tract <i>323</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 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		
	0									
	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	

DATA OMITTED

[illegible]

Number of Vehicles Stolen		0		Number Vehicles Recovered		0	
ID	Officer <i>HINES, K. J. (16247)</i>	ID#		Officer Signature		Supervisor Signature <i>FLYNN, J. L. (15605)</i>	
Status	Complainant Signature		Case Status		Case Disposition:		
			<input type="checkbox"/> Further Investigation <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted		<input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Located <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Extradition Declined		
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