

I N C I D E N T D A T A	Agency Name <i>WINSTON-SALEM POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2412093</i>										
	ORI <i>NC NC 0340200</i>												Date / Time Reported Month Day Yr Time <i>04 08 2024 01:35</i> Hrs.										
	#1	Crime Incident(s) <i>Discharging Firearm</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>04 08 2024 01:35</i> Hrs					Last Known Secure Month Day Yr Time <i>04 08 2024 01:34</i> Hrs.														
		#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>2400 Windmere Dr/burke Mill Rd, Winston-salem</i>										Offense Tract <i>323</i>								
	#3	Crime Incident	<input type="checkbox"/> Att	Premise Type										Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family									
			<input type="checkbox"/> Com																				

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 <i>1</i>		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)					Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
	DATA OMITTED					<i>1,</i>					<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown	
	Home Address										Home Phone	
	Employer Name/Address										Business Phone	
	DATA OMITTED											
VYR	Make	Model	Style	Color	Lic/Lis		Vin					

DATA OMITTED

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 <i>PERRELL, A. J. (16180)</i>	ID#		Officer Signature		Supervisor Signature <i>SOMERVILLE, T. J. (16036)</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"/> 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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