

I N C I D E N T	Agency Name <i>WINSTON-SALEM POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2412382</i>	
	ORI <i>NC NC 0340200</i>												Date / Time Reported Month Day Yr Time <i>04 10 2024 08:04</i> Hrs.	
	#1	Crime Incident(s) <i>Trespassing</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>04 10 2024 08:04</i> Hrs		Last Known Secure Month Day Yr Time <i>04 10 2024 08:04</i> Hrs.								
D A T A	#2	Crime Incident <i>Violation Of City/county Ordinance</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <i>406 N Trade St, Winston-salem NC 27101</i>								Offense Tract <i>111</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 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				
	2													
	V1	Victim/Business Name (Last, First, Middle)					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	
		DATA OMITTED					1,2							
	Home Address										Home Phone			
	Employer Name/Address										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)									
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 ANDERSON, B. R. (15633)	ID#		Officer Signature		Supervisor Signature (0)	
Status	Complainant Signature		Case Status		Case Disposition:		
			<input type="checkbox"/> Further Investigation <input 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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