

I N C I D E N T	Agency Name <div>WINSTON-SALEM POLICE</div>		INCIDENT/INVESTIGATION REPORT										OCA <div>2413004</div>		
	ORI <div>NC NC 0340200</div>												Date / Time Reported <div>Month Day Yr Time 04 15 2024 00:58 Hrs.</div>		
	#1	Crime Incident(s) <div>Discharging Firearm</div>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found <div>Month Day Yr Time 04 15 2024 00:58 Hrs.</div>		Last Known Secure <div>Month Day Yr Time 04 15 2024 00:57 Hrs.</div>									
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <div>733 Ferrell Ct, Winston-salem NC 27101</div>								Offense Tract <div>221</div>			
	#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						
	<i>I</i>																
	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					<i>I,</i>									
			Home Address					DATA OMITTED					Home Phone				
			Employer Name/Address					DATA OMITTED					Business Phone				
VYR		Make		Model		Style		Color		Lic/Lis			Vin				

DATA OMITTED

[illegible]

Number of Vehicles Stolen		0		Number Vehicles Recovered		0	
ID	Officer <i>HALL, M. I. (16298)</i>	ID#		Officer Signature	Supervisor Signature <i>STUMP, J. K. (14922)</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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