

I N C I D E N T	Agency Name WINSTON-SALEM POLICE		INCIDENT/INVESTIGATION REPORT										OCA 2413147		
	ORI NC NC 0340200												Date / Time Reported Month Day Yr Time 04 15 2024 23:15 Hrs.		
	#1	Crime Incident(s) Aggravated Assault	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 04 15 2024 23:15 Hrs				Last Known Secure Month Day Yr Time 04 15 2024 23:14 Hrs.							
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 844 E Sprague St, Winston-salem NC 27107								Offense Tract 212			
	#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 checked="" 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 checked="" 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) DATA OMITTED			Victim of Crime # <i>I,</i>	DOB / Age 35	Race <i>B</i>	Sex <i>M</i>	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
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OTHERS
IN
VOL
VE
D

DATA OMITTED

P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
		20	EVID			48	MONEY/CASH	CURRENCY	DATA OMITTED
		PCA	OTHE			1	2023 WHI , KFS2339 NC	DODG Charger	FOR
		PCA	OTHE			1	0 WHI , QIH725 NC	DODG Charger	INFORMATION
		PCA	OTHE			1	2019 GRY , JMP5596 NC	CHEV Camaro	SECURITY
		PCA	OTHE			1	2001 PNK , JLN5015 NC	MIT'S Galant Es	PURPOSES
								ONLY THE FIRST	
								TWELVE PROPERTY	
								ITEMS ARE	
								DISPLAYED ON	
								P2C REPORTS	

Number of Vehicles Stolen	θ	Number Vehicles Recovered	θ
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Officer <i>GARCIA, F. I. (16280)</i>	ID#	Officer Signature	Supervisor Signature <i>MULGREW, M. J. (14746)</i>
Complainant Signature		Case Status <input checked="" 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			Page 1