

I N C I D E N T	Agency Name <div>WINSTON-SALEM POLICE</div>		INCIDENT/INVESTIGATION REPORT										OCA 2413152	
	ORI <div>NC NC 0340200</div>												Date / Time Reported Month Day Yr Time 04 16 2024 00:42 Hrs.	
	#1	Crime Incident(s) <div>Found Property</div>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 04 16 2024 00:42 Hrs	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Last Known Secure Month Day Yr Time 04 16 2024 00:41 Hrs.					<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S			
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 201 N Church St, Winston-salem NC 27101							Offense Tract 111			
	#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			

# 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
v 0			

I C T I M	V1	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status
		DATA OMITTED						<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown

Employer Name/Address	DATA OMITTED	Business Phone
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VYR	Make	Model	Style	Color	Lic/Lis	Vin
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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)							

[illegible]

Number of Vehicles Stolen	0	Number Vehicles Recovered	0
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Status	Complainant Signature	Case Status	Case Disposition:	Page 1
		<input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input checked="" 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	