

I N C I D E N T	Agency Name <b>WINSTON-SALEM POLICE</b>		INCIDENT/INVESTIGATION REPORT				OCA 2413158	
	ORI NC NC 0340200						Date / Time Reported <div> <div>S M T W T F S</div> <div>Month Day Yr Time</div> <div>04   16   2024   01:49 Hrs.</div> </div>	
	#1	Crime Incident(s) Discharging Firearm	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found <div> <div>S M T W T F S</div> <div>Month Day Yr Time</div> <div>04   16   2024   01:49 Hrs.</div> </div>		Last Known Secure <div> <div>S M T W T F S</div> <div>Month Day Yr Time</div> <div>04   16   2024   01:48 Hrs.</div> </div>		
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 2051 Bowen Bv, Winston-salem NC 27105				Offense Tract 223
	#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>									
	<b>V1</b>	Victim/Business Name (Last, First, Middle)  DATA OMITTED			Victim of Crime #  <i>I,</i>	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input 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

DATA OMITTED

IN  
VOL  
VE  
D

P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
		13	EVID			2	(9MM) FIREARMS/AMMUNITION	RP	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>SHOEMAKER, T. G. (16282)</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"/> Cleared by Arrest <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Located <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Extradition Declined	
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