

I N C I D E N T	Agency Name <b>WINSTON-SALEM POLICE</b>				<b>INCIDENT/INVESTIGATION REPORT</b>				OCA <b>2413170</b>			
	ORI <b>NC NC 0340200</b>								Date / Time Reported Month Day Yr Time <b>04   16   2024   08:06</b> Hrs.			
D A T A	#1	Crime Incident(s) <b>Trespassing</b>			<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>04   16   2024   08:06</b> Hrs			Last Known Secure Month Day Yr Time <b>04   16   2024   08:05</b> Hrs.			
	#2	Crime Incident			<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>601 Peters Creek Pw, Winston-salem NC 27103</b>				Offense Tract <b>311</b>		
M O	#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		
	How Attacked or Committed <b>DATA OMITTED</b>					Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No		Weapon / Tools				
V I C T I M	# of Victims <b>2</b>	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				
	V1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>			Victim of Crime # <b>I,</b>	DOB / Age		Race	Sex	Relationship To Offender	Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown	
Home Address <b>DATA OMITTED</b>								Home Phone				
Employer Name/Address <b>DATA OMITTED</b>								Business Phone				
VYR		Make	Model	Style	Color	Lic/Lis		Vin				

DATA OMITTED

<b>Status Codes</b> 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 <i>JOYNER, S. W. (16313)</i> ID#				Officer Signature			Supervisor Signature <i>MEADOWS, C. E. (15570)</i>		
Complainant Signature					Case Status <input 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								<div>Page 1</div>		