

I N C I D E N T	Agency Name WINSTON-SALEM POLICE		INCIDENT/INVESTIGATION REPORT										OCA 2414041		
	ORI NC NC 0340200												Date / Time Reported Month Day Yr Time 04 22 2024 17:20 Hrs.		
	#1	Crime Incident(s) Missing Person	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 04 22 2024 17:20 Hrs				Last Known Secure Month Day Yr Time 04 22 2024 17:19 Hrs.							
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 725 N Cherry 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					

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 <i>1</i>		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 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) DATA OMITTED					Victim of Crime # <i>1,</i>	DOB / Age <i>68</i>	Race <i>W</i>	Sex <i>F</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					

DATA OMITTED

[illegible]

Number of Vehicles Stolen		0	Number Vehicles Recovered		0
ID	Officer <i>SAIN, C. J. (16348)</i>	ID#	Officer Signature		Supervisor Signature <i>CHUE, V. N. (15139)</i>
Status	Complainant Signature		Case Status	Case Disposition:	
			<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	
			Page 1		