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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2423784

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
07 | 04 | 2024 | 23:01 Hrs.

| | | | | | |
|----|---|------------------------------|---|--|---|
| #1 | Crime Incident(s) Discharging Firearm | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | At Found Month Day Yr Time 07 04 2024 23:01 Hrs | Last Known Secure Month Day Yr Time 07 04 2024 23:00 Hrs |
|----|---|------------------------------|---|--|---|

| | | | | | |
|----|----------------|------------------------------|------------------------------|---|-----------------------------|
| #2 | Crime Incident | <input type="checkbox"/> Att | <input type="checkbox"/> Com | Location of Incident 519 Granville Dr/w Academy St, Winston-salem | Offense Tract 311 |
|----|----------------|------------------------------|------------------------------|---|-----------------------------|

| | | | | | |
|----|----------------|------------------------------|------------------------------|--------------|---|
| #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
 Yes N/A No

Weapon / Tools

V I C T I M # of Victims **1**

Type Person Business
 Society Government Financial Institute
 Religious L.E. Officer Line of Duty Other/Unknown

Injury None Minor Loss of Teeth
 Broken Bones Severe Lacerations
 Internal Unconscious Other Major

Drug/Alcohol Use:
 Yes Unknown
 No N/A

V I C T I M #1 Victim/Business Name (Last, First, Middle)
DATA OMITTED

Victim of Crime # **1,** DOB / Age Race Sex Relationship To Offender Resident Status
 Resident
 Non-Resident
 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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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)

| 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**

| | | | |
|---------------------------------------|-----|-------------------|--|
| Officer KING, A. P. (15789) | ID# | Officer Signature | Supervisor Signature REYNOLDS, S. A. (15618) |
|---------------------------------------|-----|-------------------|--|

| | | | |
|-----------------------|---|---|---------------|
| Complainant Signature | Case Status <input type="checkbox"/> Further Investigation <input checked="" 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 | Page 1 |
|-----------------------|---|---|---------------|