

INCIDENT REPORT

INCIDENT/INVESTIGATION REPORT

Agency Name **WINSTON-SALEM POLICE**

ORI **NC NC 0340200**

OCA **2435817**

Date / Time Reported **10 | 05 | 2024 | 19:00** Hrs.

#1	Crime Incident(s) Vandalism	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 10 05 2024 19:00 Hrs.	Last Known Secure Month Day Yr Time 10 05 2024 18:59 Hrs.
----	---------------------------------------	------------------------------	---	---	--

#2	Crime Incident Discharging Firearm	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	Location of Incident 1395 Mint St, Winston-salem NC 27127	Offense Tract 412
----	--	------------------------------	---	---	-----------------------------

#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
---	---	----------------

# of Victims 2	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
--------------------------	--	--	---

VICTIM #1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1,	DOB / Age 49	Race W	Sex F	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
-----	------	-------	-------	-------	---------	-----

OTHERS

DATA OMITTED

INVESTIGATIVE

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
1	29	4			1	STRUCTURES - SINGLE OCCUPANCY DWELLING		DATA OMITTED
1	29	4			0	STRUCTURES - SINGLE OCCUPANCY DWELLING		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 ID GENTLE, J. Z. (16214)	Officer Signature	Supervisor Signature COLLIER, L. B. (15465)
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

Status