

I N C I D E N T	Agency Name WINSTON-SALEM POLICE				INCIDENT/INVESTIGATION REPORT				OCA 2443224			
	ORI NC NC 0340200								Date / Time Reported Month Day Yr Time 12 01 2024 01:13 Hrs.			
D A T A	#1	Crime Incident(s) Discharging Firearm			<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 12 01 2024 01:13 Hrs.			Last Known Secure Month Day Yr Time 12 01 2024 01:12 Hrs.			
	#2	Crime Incident			<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 330 Polo Rd, Winston-salem NC 27105				Offense Tract 121		
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 DATA OMITTED						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 1	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) DATA OMITTED			Victim of Crime # 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												

INVOLVED

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)									
PROPERTY	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 SEBASTYN, A. L. (16278)				ID#		Officer Signature		Supervisor Signature GEOGHEGAN, M. R. (16168)		
Status	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		