

# INCIDENT/INVESTIGATION REPORT

I N C I D E N T  D A T A	Agency Name <b>WINSTON-SALEM POLICE</b>		OCA <b>2443647</b>	
	ORI <b>NC NC 0340200</b>		Date / Time Reported Month   Day   Yr   Time <b>12   04   2024   12:03 Hrs.</b>	
D E T A I L	#1 Crime Incident(s) <b>Vandalism</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month   Day   Yr   Time <b>12   04   2024   12:03 Hrs.</b>	Last Known Secure Month   Day   Yr   Time <b>12   04   2024   12:02 Hrs.</b>
	#2 Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>1860 E First St, Winston-salem NC 27101</b>	
	#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 <b>DATA OMITTED</b>	Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
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# of Victims <b>1</b>	Type <input type="checkbox"/> Person <input checked="" 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
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V I C T I M	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1,</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

**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
<b>1</b>	<b>77</b>	<b>4</b>			<b>1</b>	<b>OTHER</b>		<b>DATA OMITTED</b>

Number of Vehicles Stolen <b>0</b>	Number Vehicles Recovered <b>0</b>		
ID Officer <b>HALL, J. Z. (15148)</b>	ID#	Officer Signature	Supervisor Signature <b>HATCH, M. B. (14878)</b>
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