

I N C I D E N T	Agency Name WINSTON-SALEM POLICE		INCIDENT/INVESTIGATION REPORT										OCA 2444535	
	ORI NC NC 0340200												Date / Time Reported Month Day Yr Time 12 11 2024 18:48 Hrs.	
	#1	Crime Incident(s) Discharging Firearm	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 12 11 2024 18:48 Hrs	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Last Known Secure Month Day Yr Time 12 11 2024 18:47 Hrs.								
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 5041 Eltha Dr, Winston-salem NC 27105							Offense Tract 123			
	#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		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					
	1		Victim/Business Name (Last, First, Middle)				Victim of Crime #		DOB / Age		Race	Sex	Relationship To Offender		Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown	
	V1		DATA OMITTED				I,									
			Home Address				DATA OMITTED				Home Phone					
			Employer Name/Address				DATA OMITTED				Business Phone					
VYR		Make		Model		Style		Color		Lic/Lis		Vin				

OTHERS

DATA OMITTED

IN
VOL
VE
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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)				
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Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
P R O P E R T Y	80	EVID			1	9MM SHELL CASING		DATA OMITTED
								FOR
								INFORMATION
								SECURITY
								PURPOSES
								ONLY THE FIRST
								TWELVE PROPERTY
								ITEMS ARE
								DISPLAYED ON
								P2C REPORTS

Number of Vehicles Stolen	θ	Number Vehicles Recovered	θ
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ID	Officer <i>STANTON, W. J. (16355)</i>	ID#	Officer Signature	Supervisor Signature <i>MITCHELL, J. R. (15672)</i>
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Status	Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input 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
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