

I N C I D E N T	Agency Name <b>WINSTON-SALEM POLICE</b>		INCIDENT/INVESTIGATION REPORT										OCA 2444966		
	ORI <b>NC NC 0340200</b>												Date / Time Reported Month Day Yr Time <b>12   15   2024   00:44</b> Hrs.		
	#1	Crime Incident(s) <b>Discharging Firearm</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>12   15   2024   00:44</b> Hrs				Last Known Secure Month Day Yr Time <b>12   15   2024   00:43</b> Hrs.							
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>335 Oakdale St, Winston-salem NC 27107</b>								Offense Tract <b>212</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 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						

DATA OMITTED

[illegible]

Number of Vehicles Stolen		0		Number Vehicles Recovered		0	
ID	Officer <i>AYALA-AMAYA, M. N. (16381)</i>	ID#		Officer Signature		Supervisor Signature <i>MITCHELL, J. R. (15672)</i>	
Status	Complainant Signature			Case Status		Case Disposition:	
				<input type="checkbox"/> Further Investigation <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted		<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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