

I N C I D E N T	Agency Name WINSTON-SALEM POLICE					INCIDENT/INVESTIGATION REPORT										OCA 2445019																																																																																								
	ORI NC NC 0340200															Date / Time Reported Month Day Yr Time 12 15 2024 16:56 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 15 2024 16:56 Hrs					Last Known Secure Month Day Yr Time 12 15 2024 16:55 Hrs.																																																																																											
	#2	Crime Incident					<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 400 S Peace Haven Rd - BLK, Winston-salem NC										Offense Tract 323																																																																																						
	#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																																																																																											
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 # 1,		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														

DATA OMITTED

[illegible]

Number of Vehicles Stolen		0		Number of Vehicles Recovered		0	
ID	Officer <i>COX, M. A. (14920)</i>	ID#		Officer Signature	Supervisor Signature <i>MCKAUGHAN, A. M. (14884)</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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