

WINSTON-SALEM POLICE DEPARTMENT
REQUEST FOR ACCIDENT OR COMPLAINT REPORT

<input type="checkbox"/> Accident Report	<input checked="" type="checkbox"/> Complaint Report		
CR#: 1833956	Incident/Accident Date:	Incident/Accident Time:	
Type of Incident: Police Service			
Location of Incident/Accident:			
<input type="checkbox"/> Driver	<input type="checkbox"/> Owner	<input type="checkbox"/> Victim	
Last Name:		First Name:	
Race:	Date of Birth:	Sex:	
Address:			
Requestor's Name: (Please Print) X Tim Ruffin ABC News N.Y.			

(WSPD USE ONLY:)

Request Completed By: S. Ostrop *2ARL* Date: 7-6-2018

