

I N C I D E N T	Agency Name WINSTON-SALEM POLICE				INCIDENT/INVESTIGATION REPORT										OCA 2410847	
	ORI NC NC 0340200														Date / Time Reported Month Day Yr Time 03 28 2024 22:06 Hrs.	
D A T A	#1	Crime Incident(s) Shoplifting				<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 03 28 2024 22:06 Hrs				Last Known Secure Month Day Yr Time 03 28 2024 22:05 Hrs.		S M T W T F S 22:05			
	#2	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 5981 University Pw, Winston-salem NC 27105						Offense Tract 124			
	#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 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				
	V1	Victim/Business Name (Last, First, Middle) DATA OMITTED					Victim of Crime # I,		DOB / Age		Race	Sex	Relationship To Offender	Resident Status <input checked="" 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

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)									
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
		23	EVID			1	TELEPHONE/TELEPHONE EQUIPMENT	MAXWEST	DATA OMITTED
	1	08	7			1	NEWPORT 100S	NEWPORT/100	FOR
									INFORMATION
									SECURITY
									PURPOSES
									ONLY THE FIRST
									TWELVE PROPERTY
									ITEMS ARE
									DISPLAYED ON
									P2C REPORTS
Number of Vehicles Stolen		0		Number Vehicles Recovered		0			
ID	Officer <i>RAKES, C. M. (15530)</i> ID#				Officer Signature			Supervisor Signature <i>WILLIAMS, K. A. (15631)</i>	
Status	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		
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