

I N C I D E N T D A T A	Agency Name <i>WINSTON-SALEM POLICE</i>		INCIDENT/INVESTIGATION REPORT										OCA <i>2411701</i>									
	ORI <i>NC NC 0340200</i>												Date / Time Reported Month Day Yr Time <i>04 04 2024 19:50</i> Hrs.									
	#1	Crime Incident(s) <i>Suspicious Person</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>04 04 2024 19:50</i> Hrs					Last Known Secure Month Day Yr Time <i>04 04 2024 19:49</i> Hrs.													
	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>2701 Rosemary Dr, Winston-salem NC 27105</i>										Offense Tract <i>223</i>								
	#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 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 type="checkbox"/> No <input type="checkbox"/> N/A	
	0											
	V1	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
			DATA OMITTED									
		Home Address								Home Phone		
		DATA OMITTED										
		Employer Name/Address								Business Phone		
		DATA OMITTED										
VYR		Make	Model	Style	Color	Lic/Lis	Vin					

DATA OMITTED

P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
									DATA OMITTED
									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>HAYNES, C. R. (16062)</i>	ID#		Officer Signature		Supervisor Signature <i>SHAFFER, C. B. (15220)</i>		
Status	Complainant Signature		Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input checked="" 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		<div>Page 1</div>	