

INCIDENT	Agency Name <b>WINSTON-SALEM POLICE</b>				INCIDENT/INVESTIGATION REPORT				OCA 2481039							
	ORI <b>NC NC 0340200</b>								Date / Time Reported Month Day Yr Time <b>03   26   2024   17:45</b> Hrs.							
EVENT	#1	Crime Incident(s) <b>Shoplifting</b>				<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com		At Found Month Day Yr Time <b>02   19   2024   14:40</b> Hrs				Last Known Secure Month Day Yr Time <b>02   19   2024   14:40</b> Hrs.				
		#2	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com		Location of Incident <b>1450 Lumber Ln, Winston-salem NC 27127</b>				Offense Tract <b>314</b>			
DATA	T A		#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		
		How Attacked or Committed DATA OMITTED				Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No		Weapon / Tools								
VICTIM	# of Victims <b>1</b>		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) <b>DATA OMITTED</b>				Victim of Crime # <b>1</b>		DOB / Age		Race		Sex		Relationship To Offender		Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
Home Address <b>DATA OMITTED</b>										Home Phone						
Employer Name/Address <b>DATA OMITTED</b>										Business Phone						
VYR		Make		Model		Style		Color		Lic/Lis		Vin				

INVOLVED

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)							

[illegible]

Number of Vehicles Stolen	$\theta$	Number Vehicles Recovered	$\theta$
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Officer <b>ALEXANDER, J. C. (15741)</b>	ID#	Officer Signature	Supervisor Signature <b>ALEXANDER, J. C. (15741)</b>
Complainant Signature		Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input checked="" 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
<b>Status</b>			Page 1