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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2443536

ORI
NC NC 0340200

Date / Time Reported
Month Day Yr Time
12 | 03 | 2024 | 13:57 Hrs.

#1	Crime Incident(s) <i>Shoplifting</i>	<input checked="" type="checkbox"/> Att <input type="checkbox"/> Com	At Found Month Day Yr Time 12 03 2024 13:57 Hrs	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>5420 University Pw, Winston-salem NC 27105</i>	Last Known Secure Month Day Yr Time 12 03 2024 13:57 Hrs.
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#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>5420 University Pw, Winston-salem NC 27105</i>	<input type="checkbox"/> Att <input type="checkbox"/> Com	Offense Tract <i>123</i>
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#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	<input type="checkbox"/> Att <input type="checkbox"/> Com	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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MO How Attacked or Committed
DATA OMITTED

Forcible
 Yes N/A No

Weapon / Tools

# of Victims <i>1</i>	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
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VICTIM	Victim/Business Name (Last, First, Middle) V1 DATA OMITTED	Victim of Crime # <i>1,</i>	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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Home Address
DATA OMITTED

Home Phone

Employer Name/Address
DATA OMITTED

Business Phone

VYR	Make	Model	Style	Color	Lic/Lis	Vin
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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)

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*

Officer ROSOHAC, B. D. (15979)	ID#	Officer Signature	Supervisor Signature <i>(0)</i>
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Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input 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	Page 1
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