| I<br>N   | Agency Name WINSTON-SALEM POLICE  |                              |           |                    |                      |  |                            |                | INCIDENT/INVESTIGATION |                |     |   |              |                            |  | OCA 2423830    |                     |                                 |  |
|--|---|------------------------------|-----------|--------------------|----------------------|--|----------------------------|----------------|------------------------|----------------|-----|---|--------------|----------------------------|--|----------------|---------------------|---------------------------------|--|
| C  | ORI   | NG                           |           |                    |                      |  | -                          | REPORT         |                        |                |     |   |              |                            | Date / Time Reported SMTWTFS Month Day Yr Time |                |                     |                                 |  |
| D<br>E   | 17  |                              | NC 034    |                    |                      | Att At Found SMTWTES Month Day Yr Time |                            |                |                        |                |     |   | TH FH CI     | 07   05   2024  08:02 Hrs. |  |                |                     |                                 |  |
| N  | #1  | Jillie I                     | ncident(s | )<br>Shopliftii    | nα                   |  |                            | _              | Att<br>Com             | Month          | D   |   |              |                            |  |                | vn Secure<br>Day Yr | Time                            |  |
| T  | #2  | Crime I                      | ncident   | Shopiijii          | ig                   |  |                            |                | _                      | 07<br>Location |     | <u> 5   2024</u><br>  Incident          | 4   08       | 3:02   Hrs                 | s 07   | (              | 05   202            | 08:02   Hrs<br>  Offense Tract  |  |
| D<br>A   |   |                              |           |                    |                      |  |                            | _              | Com                    |                |     |   | ?d, W        | inston-sa                  | lem N  |                |                     | 321                             |  |
| T<br>A   | #3  | Crime I                      | ncident   |                    |                      |  |                            |                | Att                    | Premise        | Typ | pe                                      |              |                            |  | - 1            | Victim Resi         | dence Type<br>nily ∏Multi Famil |  |
|  | How A   | Attacke                      | d or Com  | nmitted            |                      |  |                            |                | Com Forcible           |                |     |   |              | Forcible                   | Weapon / Tools                                 |                |                     |                                 |  |
| MO   | D   | ATA O                        | MITTEL    | )                  |                      |  |                            |                |                        |                |     |   |              | ☐ Yes<br>☐ No              | X N/A  | J/A            |                     |                                 |  |
|  | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use: |                              |           |                    |                      |  |                            |                |                        |                |     |   |              |                            |  | Alcohol Use:   |                     |                                 |  |
| 37   | 1   |                              |           |                    |                      |  |                            |                |                        |                |     |   |              |                            |  |                |                     |                                 |  |
| V<br>I   | Τ,  | Victim/                      |           | Name (Last, First, |                      |  | uty 🔲 Out                  | 21/ (31)       | IKIIOW                 | <u>"   L</u>   |     | Victim of                               |              | 3 / Age                    | Race   | <u> </u>       |                     |                                 |  |
| C<br>T   | V1 DATA OMITTED   |                              |           |                    |                      |  |                            |                |                        |                |     |   |              |                            |  |                | To Offende          |                                 |  |
| I<br>M   |   |                              |           | IA OMITTED         |                      |  |                            |                |                        |                |     | 1,                                      |              |                            |  |                |                     | Unknown                         |  |
| 171  | Home Address DATA OMI'  |                              |           |                    |                      |  |                            |                |                        | ГТЕD           |     |   |              |                            |  | Home Phone     |                     |                                 |  |
|  | Employer Name/Address DATA OM   |                              |           |                    |                      |  |                            |                |                        |                |     |   |              |                            |  | Business Phone |                     |                                 |  |
|  | VYR   | M                            | Model     |                    |                      |  |                            |                |                        | Vin            |     |   |              |                            |  |                |                     |                                 |  |
|  |   |                              |           |                    |                      |  |                            |                |                        |                |     |   |              |                            |  |                |                     |                                 |  |
| O<br>T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D |   |                              |           |                    |                      |  | DATA                       |                |                        |                |     |   |              |                            |  |                |                     |                                 |  |
| Status<br>Codes  |   |                              |           |                    |                      |  |                            |                |                        |                |     |   |              |                            |  |                |                     |                                 |  |
|  | Victim<br>#   | DCI                          | Status    | Value              | Property Description |  |                            |                |                        |                |     |   | Mal          | ce/Mo                      | odel   | Serial Number  |                     |                                 |  |
| _  | 1   | CONSUMABLE FOODSTUFFS        |           |                    |                      |  |                            |                |                        |                |     | I                                       | DATA OMITTED |                            |  |                |                     |                                 |  |
| P · R .  | 1   | 08 5 1 CONSUMABLE FOODSTUFFS |           |                    |                      |  |                            |                |                        |                |     |   |              | FOR<br>INFORMATION         |  |                |                     |                                 |  |
|  |   |                              |           | +                  | $\dashv$             |  |                            |                |                        |                |     |   |              |                            |  |                |                     | SECURITY                        |  |
|  |   |                              |           |                    | $\dashv$             |  |                            |                |                        |                |     |   |              |                            |  |                |                     | PURPOSES                        |  |
| P :<br>E :   |   |                              |           |                    |                      |  |                            |                |                        |                |     |   |              |                            |  |                |                     |                                 |  |
| R  |   |                              |           |                    |                      |  |                            |                |                        |                |     |   |              |                            |  |                |                     | ONLY THE FIRST                  |  |
| T<br>Y   |   |                              |           |                    | _                    |  |                            |                |                        |                |     |   |              |                            |  |                | TWI                 | ELVE PROPERTY                   |  |
| ٠.   |   |                              |           |                    |                      |  |                            |                |                        |                |     |   |              |                            |  |                |                     | ITEMS ARE DISPLAYED ON          |  |
|  |   |                              |           |                    | $\dashv$             |  |                            |                |                        |                |     |   |              |                            |  |                |                     | P2C REPORTS                     |  |
|  |   |                              |           |                    |                      |  |                            |                |                        |                |     |   |              |                            |  |                |                     |                                 |  |
|  |   |                              | ehicles S |                    |                      | nber Vehi                              | cles Recovere              |                | 0                      |                |     |   |              |                            |  |                |                     |                                 |  |
| ID   | Office<br>CAL   | r<br>N. <i>O</i> .           | L. (149   | 118)               | Officer Sig          | natur                                  | re                         |                |                        |                |     | Supervisor (0)                          | or Signature |                            |  |                |                     |                                 |  |
| 11/  |   |                              | Signatur  |                    |                      |  | Case Statu                 |                |                        |                |     | ase Dispos                              |              |                            |  |                |                     |                                 |  |
| Status   |   |                              |           |                    |                      |  | ☐ Further ☐ Inact ☐ Closed | tive<br>l/Clea | ared                   |                |     | ☐ Unfoun ☐ Cleared ☐ Cleared ☐ Death of | by Ail by Ai | Test by Ander              | Refuse<br>other Ag                             | gency          | Cooperate           | xtradition Declined Page 1      |  |