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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2424284

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
 07 | 08 | 2024 | 19:58 Hrs.

#1	Crime Incident(s) <i>Shoplifting</i>	<input type="checkbox"/> Att	At Found	Month Day Yr Time	S M T W T F S	Last Known Secure	Month Day Yr Time	S M T W T F S
		<input checked="" type="checkbox"/> Com	07 08 2024 19:58			07 08 2024 19:58		

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident <i>1040 Hanes Mall Bv, Winston-salem NC 27103</i>				Offense Tract <i>323</i>
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#3	Crime Incident	<input type="checkbox"/> Att	Premise Type				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

V I C T I M # of Victims: *1*

Type: Person Business
 Society Government Financial Institute
 Religious L.E. Officer Line of Duty Other/Unknown

Injury: None Minor Loss of Teeth
 Broken Bones Severe Lacerations
 Internal Unconscious Other Major

Drug/Alcohol Use:
 Yes Unknown No N/A

V I C T I M V1 Victim/Business Name (Last, First, Middle):
DATA OMITTED

Victim of Crime #: *I,*

DOB / Age: _____ Race: _____ Sex: _____

Relationship To Offender: _____ Resident Status:
 Resident Non-Resident Unknown

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
<i>1</i>	<i>16</i>	<i>7,5</i>			<i>1</i>	<i>HOUSEHOLD GOODS</i>		DATA OMITTED
<i>1</i>	<i>16</i>	<i>5</i>			<i>1</i>	<i>HOUSEHOLD GOODS</i>		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: *HINES, K. J. (16247)* ID#: _____ Officer Signature: _____ Supervisor Signature: *(0)*

Status Complainant Signature: _____

Case Status:
 Further Investigation Inactive Closed/Cleared Closed/Leads Exhausted

Case Disposition:
 Unfounded Located Extradition Declined
 Cleared by Arrest Refuse to Cooperate
 Cleared by Arrest by Another Agency Death of Offender Prosecution Declined