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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2424975**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**07 | 13 | 2024 | 20:38 Hrs.**

#1	Crime Incident(s) <b>Shoplifting</b>	<input type="checkbox"/> Att	At Found	Month	Day	Yr	Time	S	M	T	W	T	F	S
		<input checked="" type="checkbox"/> Com	<b>07</b>	<b>13</b>	<b>2024</b>	<b>20:38</b>								

Last Known Secure	Month	Day	Yr	Time	S	M	T	W	T	F	S
					<b>07</b>	<b>13</b>	<b>2024</b>	<b>20:37</b>			

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident										Offense Tract
		<input type="checkbox"/> Com	<b>1925 Hampton Inn Ct, Winston-salem NC 27103</b>										<b>322</b>

#3	Crime Incident	<input type="checkbox"/> Att	Premise Type										Victim Residence Type	
		<input type="checkbox"/> Com											<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi Family

MO	How Attacked or Committed <b>DATA OMITTED</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/A	Weapon / Tools	
		<input type="checkbox"/> No			

# 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	
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VICTIM #1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>I,</b>	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 <b>DATA OMITTED</b>	Home Phone
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Employer Name/Address <b>DATA OMITTED</b>	Business Phone
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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
<b>1</b>	<b>19</b>	<b>7,5</b>			<b>3</b>	<b>MERCHANDISE</b>		<b>DATA OMITTED</b>
<b>1</b>	<b>19</b>	<b>5</b>			<b>3</b>	<b>MERCHANDISE</b>		<b>FOR INFORMATION SECURITY PURPOSES ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS</b>

Number of Vehicles Stolen **0**      Number Vehicles Recovered **0**

Officer <b>HICKS, M. W. (16197)</b>	Officer Signature	Supervisor Signature <b>NELSON, S. M. (15176)</b>
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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