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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2425392**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**07 | 17 | 2024 | 07:30 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	Last Known Secure	Month Day Yr Time	S M T W T F S
		<input checked="" type="checkbox"/> Com		<b>07   17   2024   07:30 Hrs</b>			<b>07   17   2024   07:15 Hrs.</b>	

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident <b>140 S Stratford Rd, Winston-salem NC 27104</b>				Offense Tract <b>321</b>
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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 #1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1,</b>	DOB / Age	Race	Sex	Relationship To Offender <b>IRU</b>	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
<b>1</b>	<b>77</b>	<b>7</b>			<b>4</b>	<b>CIGARETTES</b>		<b>DATA OMITTED</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>PENN, A. L. (15808)</b>	ID#	Officer Signature	Supervisor Signature <b>MCKAUGHAN, A. M. (14884)</b>
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Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input checked="" 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	<b>Page 1</b>
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