

I
N
C
I
D
E
N
T
D
A
T
A

Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2425797

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
 07 | 20 | 2024 | 11:53 Hrs.

#1	Crime Incident(s) <i>Shoplifting</i>	<input checked="" type="checkbox"/> Att <input type="checkbox"/> Com	At Found Month Day Yr Time 07 20 2024 11:53 Hrs	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <i>3475 Parkway Village Cr, Winston-salem NC</i>	Last Known Secure Month Day Yr Time 07 20 2024 11:53 Hrs.	Offense Tract <i>314</i>
----	---	---	---	---	--	---	-----------------------------

#2	Crime Incident <i>Trespassing</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <i>3475 Parkway Village Cr, Winston-salem NC</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Premise Type	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
----	--------------------------------------	---	--	---	--------------	---

#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
----	----------------	--	--------------	--	---

MO How Attacked or Committed
DATA OMITTED

Forcible
 Yes N/A No

Weapon / Tools

V # 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

VICTIM #1: 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
-----	------	-------	-------	-------	---------	-----

O
T
H
E
R
S

I
N
V
O
L
V
E
D

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 <i>SINK, J. K. (15259)</i>	ID#	Officer Signature	Supervisor Signature <i>(0)</i>
---------------------------------------	-----	-------------------	------------------------------------

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
-----------------------	--	---

Status