

INCIDENT

## INCIDENT/INVESTIGATION REPORT

OCA		2430547	
Date / Time Reported		S M T W T F S	
Month	Day	Yr	Time
08	26	2024	21:07 Hrs.
Last Known Secure		S M T W T F S	
Month	Day	Yr	Time
08	26	2024	21:06 Hrs.

Agency Name		WINSTON-SALEM POLICE	
ORI		NC NC 0340200	
#1	Crime Incident(s)	<input type="checkbox"/> Att	At Found
	Shoplifting	<input checked="" type="checkbox"/> Com	Month Day Yr Time
			08   26   2024   21:07 Hrs
#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident
	Trespassing	<input checked="" type="checkbox"/> Com	715 W Fifth St, Winston-salem NC 27101
#3	Crime Incident	<input type="checkbox"/> Att	Premise Type
		<input type="checkbox"/> Com	Victim Residence Type
			<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family

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

VICTIM	# of Victims	Type	Injury	Drug/Alcohol Use:
	2	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
V1	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race Sex Relationship To Offender Resident Status
	DATA OMITTED	I,		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
	Home Address	DATA OMITTED		Home Phone
	Employer Name/Address	DATA OMITTED		Business Phone
	VYR	Make	Model	Style Color Lic/Lis Vin

OTHERS INVOLVED

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
	08	7			1	GATORADE		DATA OMITTED
	08	7			1	GATORADE		FOR
	08	7			1	MEAT STICK		INFORMATION
	08	7			1	POTATO CHIPS		SECURITY
								PURPOSES
								ONLY THE FIRST
								TWELVE PROPERTY
								ITEMS ARE
								DISPLAYED ON
								P2C REPORTS

Number of Vehicles Stolen 0		Number Vehicles Recovered 0	
ID	Officer	ID#	Supervisor Signature
	LYNCH, T. M. (16201)		WAGONER, S. D. (15802)
Status	Complainant Signature	Case Status	Case Disposition:
		<input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	<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