| | | | | | | | _ | | | | | _ | | | |
|--|---|--------------|--------------------|---------------------|--------|-------------|--|---|-----------------|---------------|-------------------|---|---------------------|-----------------------|---------------------------------------|
| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | INCIDENT/INVESTIGATION | | | | | OCA 2431773 | | |
| C I D | ORI | | | | | REPORT | | | | | | Date / Time Reported S M T W I F S Month Day Yr Time | | | |
| | | | NC 034 | | | | | | | | | 09 | 05 20 | 024 15:56 Hrs. | |
| E N | #1 | Crime In | ncident(s | · | | | | Att At Found SMTWIFS Month Day Yr Time | | | | | | nown Secure Day Yr | SMTW _T FS Time |
| Т | #1 Shoplifting Image: Complex | | | | | | | | | | | | 09 | 05 202 | 4 15:55 Hrs. |
| D | Com 7770 North Point Py Winston | | | | | | | | | | | | | C 27106 | Offense Tract 113 |
| A T | #3 Crime Incident B Crime Incident Att Premise Type | | | | | | | | | | | | Saiem IV | | idence Type |
| A | #3 | | | | | | | Com | | | | | | □ Single Fa | mily □ Multi Family |
| МО | | | d or Con MITTEI | | | | | | | | | Forcible | X N/A | Weapon / Too | ls |
| V I C | # of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | |
| | | | | ciety 🔲 Governi | | | Financial Institu | ute | | Broken Bor | | | - | | Yes Unknown |
| | 2 | | | ligious 🔲 L.E. O | | | uty 🗌 Othe | er/Unknow | ^{/n} [| Internal | | scious | Other M | ajor 🛛 | No N/A |
| | Crime # | | | | | | | | | | | | | | hip Resident Status ler X Resident |
| T I | V1 | | DA | TA OMITTED | | | | | | | | | | | □ Non-Residen |
| M | Home Address | | | | | | | | | | | | | Iome Phone | Unknown |
| | TIOIIR | Audre | .33 | | | Γ | DATA OMI | ſΤED | | | | | 1. | Tome Thome | |
| | Emplo | oyer Na | ume/Add | ress | | Γ | DATA OMI | ГТЕD | | | | | В | Business Phon | e |
| 1 | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | | Vin | I | | |
| R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | |
| Status | L = L | ost S | = Stolen | R = Recovered | D = | Damaged | Z = Seized | B = Burr | ned C = | Counterfeit / | Forged | F = Foun | d | | |
| Codes | (Chec Victim | k "OJ" | column | if recovered for ot | ner ju | risdiction) | | | | | | | | | |
| P - R - O | # | DCI | Status | Value | OJ | QTY | | 1 7 | Descripti | on | | | Make/ | | Serial Number |
| | 1 | | | | | | | | | | | | DATA OMITTED FOR | | |
| | 2 | 00 | 7,5 | | | | UNDERWEAR | | | | | | SMUCKE | RS | INFORMATION |
| | 2 | 08 | 5 | | | | UNCRUSTAB | | | | | | SMUCKE | | SECURITY |
| | 2 | 08 | 7 | | | 0 | UNCRUSTAB | LES | | | | 1 | SMUCKE | RS | PURPOSES |
| Р. Е. | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | ONLY THE FIRST |
| T Y | | | | | | | | | | | | | | TW | ELVE PROPERTY ITEMS ARE |
| | | | | | | | | | | | | | | | DISPLAYED ON |
| | | | | | | | | | | | | | | | P2C REPORTS |
| - | | | | | | | | | | | | | | | |
| | | | ehicles S | | | mber Veh | icles Recovere | . 0 | | | | | | | |
| ID | Office SMI | | . B. (10 | | D# | | Officer Signature Supervisor Signature RANKIN, K. L. (15100) | | | | | | | | |
| Status | | | Signatur | | | | Case Status | r Investiga tive | tion | Case Dispo | inded ed by Ar | rest | ated Refuse to | E Cooperate | Extradition Declined |
| | | | | | | | Closed | | hausted | Death | | rest by And nder | | ion Declined | Page 1 |