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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2432514

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
09 | 11 | 2024 | 14:44 Hrs.

#1	Crime Incident(s) Shoplifting	<input checked="" type="checkbox"/> Att <input type="checkbox"/> Com	At Found Month Day Yr Time 09 11 2024 14:44 Hrs	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 180 Harvey St, Winston-salem NC 27103	Last Known Secure Month Day Yr Time 09 11 2024 14:43 Hrs.	Offense Tract 321
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#2	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
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#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
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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
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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
1	08	TARG			4	CONSUMABLE FOODSTUFFS		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 ID: **PHILLIPS, C. K. (16316)** ID#: _____ Officer Signature: _____ Supervisor Signature: **MCKAUGHAN, A. M. (14884)**

Complainant Signature: _____

Status: Case Status: Further Investigation Inactive Closed/Cleared Closed/Leads Exhausted

Case Disposition: Unfounded Located Extradition Declined
 Cleared by Arrest Refuse to Cooperate
 Cleared by Arrest by Another Agency
 Death of Offender Prosecution Declined