| | | | | | | | _ | | | | | | | | |
|----------|---|---------------------------------|--------------------|--------------------------------------|----------|-------------|----------------------|------------------------|-----------------|-----------------------------------|---------------------------|---|-------------------------|---------------------------------|--|
| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | INCIDENT/INVESTIGATION | | | | OCA 2432893 | | | |
| C I | ORI | | | | | 0 21 0 2 | REPORT | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | |
| D | | | NC 034 | | | | | | | | | 09 14 2024 15:52 Hrs. | | | |
| E N | #1 Crime Incident(s) | | | | | | | | | nd SM Day Yr | TWTF_S Time | Last K Monti | nown Secure h Day Yr | SMTWTF _S Time | |
| Т | | [¬] rime I | ncident | Shoplift | ing | | | X Com | 09 | <u>14 2024</u> n of Incident | ! 15:52 Hr | rs 09 | 14 202 | 4 15:51 Hrs. Offense Tract | |
| D A | #2 Crime Incident □ Att Location of Incident Offense Trac □ Com 930 Hanes Mall Bv, Winston-salem NC 27103 323 | | | | | | | | | | | | | | |
| Т | #3 Crime Incident | | | | | | | | | | | | Victim Resi | | |
| A | How Attacked or Committed | | | | | | | | | | | | | mily □ Multi Family | |
| МО | | | d or Con MITTEI | | | | | | | | Forcible □ Yes □ No | X N/A | Weapon / Too | ls | |
| | # of Victims Type Person X Business Injury □ None □ Minor □ Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | |
| | 1 | | | ciety 🗌 Governi | | | inancial Instit | | | Broken Bone | 1 1 50,00 | e Lacerati | | Yes Unknown | |
| V I | | Victim | | ligious 🔲 L.E. O Name (Last First | | | uty 🗌 Othe | er/Unknov | ^{/n} [| Internal [] | DOB / Age | Other N | <u> </u> | No N/A hip Resident Status | |
| C T | V1 Crime # | | | | | | | | | | | | | er 🛛 Resident | |
| Ι | DATA OMITTED | | | | | | | | | | | | | □ Non-Residen | |
| М | Home Address | | | | | | | | | | | | Home Phone | | |
| | Employer Name/Address DATA OMITTED | | | | | | | | | | | | Business Phone | <u></u> | |
| | Employer Name/Address DATA OMITTED | | | | | | | | | | | | Busiliess I liolid | | |
| | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | Vin | | | | |
| | | | | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | | | | |
| T H | | | | | | | | | | | | | | | |
| Е | | | | | | | | | | | | | | | |
| R S | | | | | | | | | | | | | | | |
| | DATA OMITTED | | | | | | | | | | | | | | |
| I N | | | | | | | | | | | | | | | |
| V | | | | | | | | | | | | | | | |
| 0 L | O L V | | | | | | | | | | | | | | |
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| E D | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Status | L = L | ost S | = Stolen | R = Recovered | D = | Damaged | Z = Seized | B = Buri | ned C = | Counterfeit / F | orged F = Fou | ınd | | | |
| Codes | (Chec Victim | k "OJ" | column | if recovered for ot | ner ju | risdiction) | | | | | | | | | |
| | # DCI Status Value OJ QTY | | | | | | Property Description | | | | | Make | e/Model | Serial Number | |
| | 1 16 7,5 10 HOUSEHOLD GOODS 1 16 5 10 HOUSEHOLD GOODS | | | | | | | | | | | DATA OMITTED FOR | | | |
| - | | | | | | | | | | | | INFORMATION | | | |
| P. R | | | | | | | | | | | | | | SECURITY | |
| 0 | | | | | | | | | | | | | | PURPOSES | |
| Р. Е. | | | | | | | | | | | | | | | |
| R. T | | | | | | | | | | | | | | ONLY THE FIRST ELVE PROPERTY | |
| I Y | | | | | | | | | | | | | 1 | ITEMS ARE | |
| | | | | | | | | | | | | | | DISPLAYED ON | |
| | | | | | | | | | | | | | | P2C REPORTS | |
| - | Num | Number of Vehicles Stolen 0 | | | | | | | | | | | | | |
| | Office | r | | I | Nu D# | mber ven | Officer Sig | | | | Superviso | or Signatu | re | | |
| ID | ARA | UZ, C | C. A. (1 | 5658) | | | | | | | SOJK | A, D. A. | (15535) | | |
| Status | Complainant Signature Case Status Case Disposition: □ Further Investigation □ Unfounded □ Lo | | | | | | | | | | | ocated | ΠB | xtradition Declined | |
| | □ Inactive □ Cleared by Arrest □ Closed/Cleared □ Cleared by Arrest by Ar | | | | | | | | | | Refuse | to Cooperate | | | |
| | | | | | | | | | hausted | Death o | | | ation Declined | Page 1 | |