

I  
N  
C  
I  
D  
E  
N  
T  
I  
F  
I  
C  
A  
T  
I  
O  
N

Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2441040**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**11 | 13 | 2024 | 21:04 Hrs.**

#1	Crime Incident(s) <b>Communicating Threats -intimidation, Non Physical</b>	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>11   13   2024   21:04 Hrs</b>	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	Last Known Secure Month Day Yr Time <b>11   13   2024   21:03 Hrs.</b>
----	---	------------------------------	---	--	------------------------------	---	--

#2	Crime Incident <b>Shoplifting</b>	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	Location of Incident <b>2901 Waughtown St, Winston-salem NC 27107</b>	Offense Tract <b>213</b>
----	--------------------------------------	------------------------------	---	--	-----------------------------

#3	Crime Incident	<input type="checkbox"/> Att	<input type="checkbox"/> Com	Premise Type	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
----	----------------	------------------------------	------------------------------	--------------	---

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

# of Victims <b>2</b>	Type <input checked="" type="checkbox"/> Person <input 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	Injury <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	Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
--------------------------	---	---	---

V I C T I M	#1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1,</b>	DOB / Age <b>25</b>	Race <b>B</b>	Sex <b>M</b>	Relationship To Offender	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
----------------------------	----	---	--------------------------------	------------------------	------------------	-----------------	--------------------------	--

Home Address <b>DATA OMITTED</b>	Home Phone
-------------------------------------	------------

Employer Name/Address <b>DATA OMITTED</b>	Business Phone
--	----------------

VYR	Make	Model	Style	Color	Lic/Lis	Vin
-----	------	-------	-------	-------	---------	-----

O  
T  
H  
E  
R  
  
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
2	08	7			1	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# <b>MARIN-SALINAS, E. (16367)</b>	Officer Signature	Supervisor Signature <b>MITCHELL, J. R. (15672)</b>
---	-------------------	--

Complainant Signature	Case Status <input checked="" 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**