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Agency Name  
**WINSTON-SALEM POLICE**

ORI  
**NC NC 0340200**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2442810**

Date / Time Reported  
 Month Day Yr Time  
**11 | 27 | 2024 | 10:05 Hrs.**

Last Known Secure  
 Month Day Yr Time  
**11 | 27 | 2024 | 10:04 Hrs.**

At Found  
 Month Day Yr Time  
**11 | 27 | 2024 | 10:05 Hrs.**

Location of Incident  
**2125 Cloverdale Av, Winston-salem NC 27103**

Premise Type

Offense Tract  
**312**

Victim Residence Type  
 Single Family  Multi Family

#1	Crime Incident(s) <b>Simple Assault-non Aggravated Assault</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>11   27   2024   10:05 Hrs.</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <b>2125 Cloverdale Av, Winston-salem NC 27103</b>	Offense Tract <b>312</b>
#2	Crime Incident <b>Shoplifting</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com		<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com		
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com		<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  
**DATA OMITTED**

Forcible  
 Yes  N/A  
 No

Weapon / Tools

V # of Victims: **2**

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

V I C T I M

V1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>	Victim of Crime # <b>1,</b>	DOB / Age <b>49</b>	Race <b>W</b>	Sex <b>F</b>	Relationship To Offender <b>IRU</b>	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
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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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**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	10	7			1	COUGH SYRUP	MUCINEX/Fast-m	DATA OMITTED
2	10	7			1	LIP BALM		FOR
2	08	7			1	BEEF STEW	DINTY MOORE	INFORMATION
2	08	7			1	HONEY BUN	HOSTES	SECURITY
2	08	7			1	PICKLES	SUCKERPUNCH	PURPOSES
								ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS

Number of Vehicles Stolen **0** Number Vehicles Recovered **0**

Officer <b>MEA, A. N. (15205)</b>	ID#	Officer Signature	Supervisor Signature <b>MEADOWS, C. E. (15570)</b>
Complainant Signature		Case Status <input type="checkbox"/> Further Investigation <input checked="" 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