I N	Agenc	y Name		NSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2443073					
C	ORI	NG					1	REPORT							Date / Time Reported SMTWT星S Month Day Yr Time				
D E			NC 034				│							11 29 2024 18:52 Hrs.					
N	#1	Time I	ncident(s) Shopliftii	10				Att Com	Month	1]			T <u>∓</u> S Time			yn Secure Day Yr	Time	
T	#2	Crime I	ncident	Shopiijii	ıg				_	11 Location		<u>29 202</u> f Incident	4 10	8:52 Hrs	s 11		29 2024	Offense Tract	
D A				Drug Viola	s			Com 4550 Kester Mill Rd, Winston-salem NC 2									323		
T A	#3	Crime I	ncident						Att Com	Premis	е Ту	pe				- 1	Victim Resid	ence Type nily	
	How A	Attacke	d or Com	nmitted				Ш	Com					Forcible			apon / Tools		
МО	DATA OMITTED Yes X N/E																		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:			
37	2		. –	ciety Governm ligious L.E. Of		_	inancial Institution		know		_	roken Bon nternal		Severe	Lacera Other			Yes ☐ Unknown	
V I		Victim/		Name (Last, First,			uty 🔲 Out	21/ ()11	IKIIOW	11	II	Victim of	_	B / Age	Race	<u> </u>			
C T	V1		DA	ΓΑ OMITTED						Crime #		υ			To Offende				
I M				IA OMITTED					1,					1ST	☐ Unknown				
171	Home Address DATA OMI'									ГТЕD						Home Phone			
	Employer Name/Address DATA OM															Business Phone			
	VYR	Color Lic/Lis Vin							Vin										
						-													
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = : er jur	Damaged isdiction)	Z = Seized	B =	Burn	ied C=	= Co	unterfeit /	Forged	F = Foun	ıd				
	Victim #	DCI	Status		Property Description								ce/Mo	odel .	Serial Number				
	08 7,5 1 VARIOUS I															Ε	ATA OMITTED		
P -		08	5		\dashv	1	VARIOUS ITE	MS										FOR NFORMATION	
					\dashv													SECURITY	
R O																		PURPOSES	
P :																			
R																		NLY THE FIRST	
Т Ү.																	TWE	LVE PROPERTY	
1					\dashv												1	ITEMS ARE DISPLAYED ON	
																		P2C REPORTS	
			ehicles S	-		nber Veh	cles Recovere		0					G :	d.				
ID	Office: LAN	r <u>'CAS</u> 7	TER, J.	C. (16061)		Officer Sig	natur 	re					Supervisor WILKI			15827)			
	Complainant Signature Case Sta									Case Disposition:								4	
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				d by A d by A	☐ Loc rrest ☐ rrest by Ander ☐] Refuse other Ag	gency	ooperate	Page 1	