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Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
**2446607**

ORI  
**NC NC 0340200**

Date / Time Reported  
 Month Day Yr Time  
**12 | 28 | 2024 | 15:18 Hrs.**

|    |   |                              |   |   |                              |   |  |
|----|---|------------------------------|---|---|------------------------------|---|--|
| #1 | Crime Incident(s)<br><b>Shoplifting</b> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | At Found<br>Month Day Yr Time<br><b>12   28   2024   15:18 Hrs.</b> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | Last Known Secure<br>Month Day Yr Time<br><b>12   28   2024   15:17 Hrs.</b> |
|----|---|------------------------------|---|---|------------------------------|---|--|

|    |                                      |                              |   |  |                             |
|----|--------------------------------------|------------------------------|---|--|-----------------------------|
| #2 | Crime Incident<br><b>Trespassing</b> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | Location of Incident<br><b>67 Waughtown St, Winston-salem NC 27127</b> | Offense Tract<br><b>412</b> |
|----|--------------------------------------|------------------------------|---|--|-----------------------------|

|    |   |                              |   |              |   |
|----|---|------------------------------|---|--------------|---|
| #3 | Crime Incident<br><b>Violation Of City/county Ordinance</b> | <input type="checkbox"/> Att | <input checked="" type="checkbox"/> Com | Premise Type | Victim Residence Type<br><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 I C T I M # 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

|    |   |                                  |           |      |     |                          |  |
|----|---|----------------------------------|-----------|------|-----|--------------------------|--|
| V1 | Victim/Business Name (Last, First, Middle)<br><b>DATA OMITTED</b> | Victim of Crime #<br><b>1,2,</b> | DOB / Age | Race | Sex | Relationship To Offender | Resident Status<br><input checked="" type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><input type="checkbox"/> 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   |
|----------|-----|--------|-------|----|-----|----------------------|------------|---|
|          | 08  | 7,5    |       |    | 1   | POPCORN              | WISE       | DATA OMITTED  |
|          | 08  | 5      |       |    | 1   | POPCORN              | WISE       | 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<br><b>LYNCH, T. M. (16201)</b> | ID# | Officer Signature | Supervisor Signature<br><b>MATHEWS, C. K. (15509)</b> |
|--|-----|-------------------|---|

|                       |  |   |               |
|-----------------------|--|---|---------------|
| Complainant Signature | Case Status<br><input type="checkbox"/> Further Investigation<br><input type="checkbox"/> Inactive<br><input type="checkbox"/> Closed/Cleared<br><input type="checkbox"/> Closed/Leads Exhausted | Case Disposition:<br><input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined<br><input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate<br><input type="checkbox"/> Cleared by Arrest by Another Agency<br><input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined | <b>Page 1</b> |
|-----------------------|--|---|---------------|