

I  
N  
C  
I  
D  
E  
N  
T  
D  
A  
T  
A

Agency Name  
**WINSTON-SALEM POLICE**

## INCIDENT/INVESTIGATION REPORT

OCA  
2483552

ORI  
NC NC 0340200

Date / Time Reported  
 Month Day Yr Time  
 10 | 14 | 2024 | 16:41 Hrs.

#1	Crime Incident(s) <i>Shoplifting</i>	<input type="checkbox"/> Att	At Found	<input type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Month Day Yr Time 10   14   2024   16:00 Hrs	<input type="checkbox"/> Att	Last Known Secure	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Month Day Yr Time 10   14   2024   16:00 Hrs
----	---	------------------------------	----------	---	---	------------------------------	-------------------	--	---

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident <i>3320 Silas Creek Pw, Winston-salem NC 27103</i>				<input type="checkbox"/> Com	Offense Tract 322
----	----------------	------------------------------	--	--	--	--	------------------------------	----------------------

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

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

# of Victims 1	Type <input type="checkbox"/> Person <input checked="" 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	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # 1	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <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
-----	------	-------	-------	-------	---------	-----

O  
T  
H  
E  
R  
S

### DATA OMITTED

I  
N  
V  
O  
L  
V  
E  
D

**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
1	51	7			20	CLOTHES/FURS	H&M	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

ID Officer <b>ALEXANDER, J. C. (15741)</b>	ID#	Officer Signature	Supervisor Signature <b>ALEXANDER, J. C. (15741)</b>
--	-----	-------------------	---

Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input checked="" 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**