

I N C I D E N T D A T A	Agency Name <b>WINSTON-SALEM POLICE</b>	<b>INCIDENT/INVESTIGATION REPORT</b>	OCA 2483732
	ORI NC NC 0340200		Date / Time Reported Month Day Yr Time 10   31   2024   16:45 Hrs.
D E T A I L	#1 Crime Incident(s) <b>Shoplifting</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 10   29   2024   15:13 Hrs.
	#2 Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>516 N Trade St, Winston-salem NC 27101</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 DATA OMITTED	Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
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V I C T I M	# of Victims <b>1</b>	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
	V1	Victim/Business Name (Last, First, Middle) DATA OMITTED	Victim of Crime # <b>1</b>	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
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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
1	19N	7			1	CANDLE	PADDYWAX	DATA OMITTED
1	5I	7			1	PANTS	MINUS 33	FOR INFORMATION SECURITY PURPOSES
ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS								

Number of Vehicles Stolen <b>0</b>		Number Vehicles Recovered <b>0</b>	
ID	Officer <b>WADDELL, J. A. (15882)</b>	ID#	Supervisor Signature <b>WADDELL, J. A. (15882)</b>
Status	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