| I N | Agenc | y Nam | | NSTON-SALEN | . IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2483766 | | | | | | |
|--|---|----------|-------------------|----------------------|----------|------------------------|------------------------------|--|------------|-------------------|------------|------------------------------------|-----------------------|-------------------------|--|--------------------------|-----------------|----------------------|--|
| C | ORI | NG | | | | | - | REPORT | | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | | |
| D E | 10 | | NC 034 | | | | Att At Found | | | | | | | TH FH CI | 11 04 2024 08:19 Hrs. | | | | |
| N | #1 | Jillie I | ncident(s |) Shopliftii | 10 | | | | Att Com | At Found Month | Da | | | | | | n Secure | Time | |
| T | #2 | Crime I | ncident | Shopiijiii | ıg | | | | - | 11 Location | 03 of I | | <i>‡</i> <i>01</i> | :37 Hrs | 5} <u>11</u> |] (| 03 2024 | | |
| D A | | | | | | | | ı — | Com | | | | St, V | Winston-s | alem 1 | | | 213 | |
| T A | #3 | Crime I | ncident | | | | | | Att Com | Premise 7 | Гуре | e | | | | - 1 | Victim Resident | dence Type nily | |
| 110 | How Attacked or Committed | | | | | | | | | | | | | | Forcible Weapon / Tools | | | | |
| МО | DATA OMITTED Yes N/A | | | | | | | | | | | | | | | | | | |
| | # of Victims Type | | | | | | | | | | | | | | | | | | |
| V | Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major No N/A | | | | | | | | | | | | | | | Yes □ Unknown No □ N/A | | | |
| I C | Victim/Business Name (Last, First, Middle) Victim of DOB / Age Ra | | | | | | | | | | | | | | Race | Sex | Relationsh | p Resident Status | |
| T | V1 DATA OMITTED | | | | | | | | | | | | | | | | To Offende | Resident Non-Residen | |
| I M | Ноте | Addra | 100 | | | | | | 1 | | | | Цоп | ne Phone | Unknown | | | | |
| | Home Address DATA OMI | | | | | | | | | ITED | | | | | | Home Filone | | | |
| | Empl | oyer Na | ame/Add | ress | ATA OMI | IITTED | | | | | | Business Phone | | | | | | | |
| , | VYR | M | ake | Model | Sty | yle | Color | | Lic | /Lis | | | | Vin | | | | | |
| H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | |
| Codes | Victim | | Status | | OJ | Í | | Property Description | | | | | | | Mal | Make/Model Serial Number | | | |
| | | | | | | | ALCOHOLIC BEVERAGE | | | | | | | | Modelo, | | | DATA OMITTED | |
| P - R - O | | | | | | | | | | | | | | | | | | FOR | |
| | | | | | _ | | | | | | | | | | | | | INFORMATION | |
| | | | | | \dashv | | | | | | | | | | | | | SECURITY PURPOSES | |
| Ρ. | | | | | + | | | | | | | | | | | | | T UKI OSES | |
| E - R | | | | | + | | | | | | | | | | | | (| ONLY THE FIRST | |
| T Y | | | | | | | | | | | | | | | | | TWI | ELVE PROPERTY | |
| | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | \dashv | | | | | | | | | | | | | DISPLAYED ON | |
| - | | | | | \dashv | | | | | | | | | | | | | P2C REPORTS | |
| • | Numb | er of V | ehicles S | tolen 0 | Nun | nber Vehi | cles Recovere | d | 0 | | | | | | | | | | |
| TD. | Office | r | | ID | | | | Officer Signature Supervisor Signature | | | | | | | | | | | |
| ID | | | K. D. Signatur | (<i>15687)</i> e | | Case Statu | , R | | | | | | KAILI | TLIFF, K. D. (15687) | | | | | |
| Status | _P | | <i>G</i> | | | | ☐ Furthe: ☐ X Inact ☐ Closed | r Inve tive I/Clea | red | | | ☐ Unfoun ☐ Cleared ☐ Cleared | ded by Aı by Aı | Test Loc rest by And |] Refuse other Ag | ency | ooperate | Page 1 | |