| I<br>N               | Agency Name WINSTON-SALEM POLICE  |   |                                   |                    |   |           |                            |                | INCIDENT/INVESTIGATION   |                  |                   |                 |                              |                                  |                          | OCA 2483973  |             |                             |  |
|----------------------|---|---|-----------------------------------|--------------------|---|-----------|----------------------------|----------------|--------------------------|------------------|-------------------|-----------------|------------------------------|----------------------------------|--------------------------|--|-------------|-----------------------------|--|
| C<br>I               | ORI   |   |                                   |                    |   | REPORT    |                            |                |                          |                  |                   |                 | Date / Time Reported SMTHTFS |                                  |                          |  |             |                             |  |
| D<br>E               |   |   | NC 034                            |                    |   |           |                            |                |                          |                  |                   |                 | 11   20   2024  19:48 Hrs.   |                                  |                          |  |             |                             |  |
| N                    | #1  | Jillie 1  | neideni(s                         | )<br>Shopliftii    | ☐ Att   At Found   S M T M T F S   Month Day Yr Time   Month Day   Yr Time   Month Day   Month Day   No. 11   20   2024   18:55   Hrs |           |                            |                |                          |                  | Month Day Yr Time |                 |                              |                                  |                          |  |             |                             |  |
| T<br>D               | #2  | Crime I   | ncident                           | Shopiijii          | 18  |           |                            |                | $\rightarrow$            | 11  <br>Location |                   |                 | #   1c                       | ):33   HIS                       | s  11                    |  |             | 18:55 Hrs.<br>Offense Tract |  |
| A                    |   |   |                                   |                    |   |           |                            | ╄              | Com                      |                  |                   | rs Cree         | k Pw                         | , Winstor                        | ı-saler                  |  |             | 412                         |  |
| T<br>A               | #3  | Jrime I   | ncident                           |                    |   |           |                            |                | ☐ Att Premise Type ☐ Com |                  |                   |                 |                              |                                  |                          | Victim Residence Type ☐ Single Family ☐ Multi Family |             |                             |  |
| МО                   |   |   | d or Com                          |                    |   |           | Forcible Yes               |                |                          |                  |                   |                 | Weapon / Tools               |                                  |                          |  |             |                             |  |
| V<br>I               | # of V  | ictims  | Туре                              | ☐ Person           | LÆ.   | Business  |                            |                |                          | Injury           | , L               | 7 None          | ΠМ                           | □ No                             | Loss o                   | f Tee  | th Drug/Al  | cohol Use:                  |  |
|                      | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          | _  |             |                             |  |
|                      |   | Victim/   |                                   | Name (Last, First, |   |           | uty   Othe                 | er/Un          | know                     | n 🗆              |                   | nal  ctim of    |                              | scious   Age                     | Other                    | <u> </u>   |             | □N/A Resident Status        |  |
| C<br>T               | V1  |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  | 14400                    | 50.1   | To Offender | ☐ Resident                  |  |
| I<br>M               | DATA OMITTED 1  |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  |             | ☐ Non-Resident ☐ Unknown    |  |
| IVI                  | Home Address DATA OMI   |   |                                   |                    |   |           |                            |                |                          | ГТЕD             |                   |                 |                              |                                  |                          | Home Phone   |             |                             |  |
|                      | Employer Name/Address DATA OM   |   |                                   |                    |   |           |                            |                | TTED                     |                  |                   |                 |                              |                                  | Business Phone           |  |             |                             |  |
|                      | VYR   | Color Lic/Lis Vin   |                                   |                    |   |           |                            |                | Vin                      |                  |                   |                 |                              |                                  |                          |  |             |                             |  |
|                      |   |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  |             |                             |  |
| O<br>T               |   |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  |             |                             |  |
| H<br>E               |   |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  |             |                             |  |
| R                    |   |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  |             |                             |  |
| S                    |   |   |                                   |                    |   |           | D 4 E 4                    |                |                          |                  |                   |                 |                              |                                  |                          |  |             |                             |  |
| I                    | DATA OMITTED  |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  |             |                             |  |
| N<br>V               |   |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  |             |                             |  |
| Ö                    |   |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  |             |                             |  |
| V                    | ·   |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  |             |                             |  |
| E<br>D               |   |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  |             |                             |  |
|                      |   |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  |             |                             |  |
| Status               |   |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  |             |                             |  |
| Codes                | Victim  |   | Status                            | Value              | OJ  | QTY       |                            | P. A. D. A. S. |                          |                  |                   |                 |                              |                                  | Make/Model Serial Number |  |             |                             |  |
| -<br>-<br>P -<br>R _ | #<br>1  | CLOTHES/FU  | Property Description CLOTHES/FURS |                    |   |           |                            |                |                          | Mak<br>Carhari   |                   |                 | rial Number<br>TA OMITTED    |                                  |                          |  |             |                             |  |
|                      | 1   | 1         51         7         1         CLOTHE.           1         51         7         1         CLOTHE. |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  | Carhari                  |  |             |                             |  |
|                      | 1   | 51  | 7                                 |                    |   | 1         | CLOTHES/FURS               |                |                          |                  |                   |                 |                              |                                  | Carhari                  | t  | IN          | FORMATION                   |  |
|                      | 1   | 51  | 7                                 |                    |   | 1         | CLOTHES/FURS               |                |                          |                  |                   |                 |                              |                                  | Carhari                  | t  |             | SECURITY                    |  |
| O<br>P               |   |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  |             | PURPOSES                    |  |
| Е.                   |   |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  | ON          | LY THE FIRST                |  |
| R<br>T               |   | <del>                                      </del>   |                                   |                    |   |           |                            |                |                          |                  |                   | TWELVE PROPERTY |                              |                                  |                          |  |             |                             |  |
| Υ .                  |   |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  |             | ITEMS ARE                   |  |
|                      |   |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  | DI          | SPLAYED ON                  |  |
|                      |   |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 |                              |                                  |                          |  | P.          | 2C REPORTS                  |  |
| -                    | Num1  | or of V   | ahialaa S                         | tolen 0            | N   | mber Val- | iolas Pagava               | d              | 0                        |                  |                   |                 |                              |                                  |                          |  |             |                             |  |
|                      | Office  | r   | ehicles S                         | ID                 |   | moer veh  | icles Recovere Officer Sig |                | e<br>e                   |                  |                   |                 | Π                            | Supervisor                       |                          |  |             |                             |  |
| ID                   | ALE   | XANI  |                                   | C. (15741)         |   |           |                            | ÂLEX           |                          |                  |                   |                 |                              |                                  | ANDER, J. C. (15741)     |  |             |                             |  |
| Status               | Complainant Signature  Case Status  □ Further Investigation  □ Unfounded          |   |                                   |                    |   |           |                            |                |                          |                  |                   |                 | Loc                          | ☐ Located ☐ Extradition Declined |                          |  |             |                             |  |
|                      |   |   |                                   |                    |   |           | ☐ Inact                    | tive<br> /Clea | red                      |                  | ΙΞ                |                 | by Aı                        | rest by And                      | other Ag                 | ency   |             |                             |  |
|                      |   |   |                                   |                    |   |           |                            |                |                          | nausted          |                   |                 |                              | nder ⊏                           |                          |  |             | Page 1                      |  |