I N	Agenc	y Namo		NSTON-SALEN	1 P	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2484056						
I C															Date / Mon	e/Time Reported SMTWTFS onth Day Yr Time					
D E	10		ncident(s				Att At Found SMTHTFS									11 27 2024 15:02 Hrs.					
N T	#1			, Shopliftii	Month Day Yr Time Month Day Yr									Time 13:09							
D.	#2 Crime Incident																		Offense '		
A T		Trimo I	ncident					_	Com	516 A			Winst	on-salem	<i>NC</i> 2			nidon	411		
A	#3 Crime Incident															Victim Residence Type ☐ Single Family ☐ Multi Family					
МО			d or Con MITTEI			Forcible Yes					Weapon / Tools										
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major																				
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Rac															Sex Relationship Resident Status					
C T	V1 DATA OMITTED																To Offen	der	□ Res	ident 1-Resident	
I M ·												1				Unkı					
	Home Address DATA OMI									ГТЕD						Home Phone					
	Empl	oyer Na	me/Add	ress	ATA OMI	OMITTED								Business Phone							
	VYR Make Model Style						Color Lic/Lis Vin							Vin							
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered	D = l er juri	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Foun	d						
	Victim #	DCI	Property Description								Mak	Make/Model Serial Number				nber					
	"						MERCHANDISE SJ								STANL	<i>ILEY</i> DATA OMITTED					
P -					_													INI	FORMA		
					\dashv														SECUR		
R O					_														PURPO		
Р ⁻ Е -																					
R																				E FIRST	
Т Ү -					\dashv												TV		/E PRO ITEMS	PERTY	
-					\dashv														SPLAY		
-					\dashv														C REP		
-																					
			ehicles S	-		nber Vehi	cles Recovere		0				-	C	C:						
ID	Office ALE		DER, J.	C. (15741) ID		Officer Sig	natur	е					Supervisor ALEXA			C. (157	41)				
		lainant		Case Statu	S Case Disposition:																
Status							☐ Further ☐ Inact ☐ Closed	tive l/Clea	red				by A	Test by Ander] Refuse other Ag	gency	Cooperate		Pag		