I N	Agenc	y Namo		NSTON-SALEN	. IN	INCIDENT/INVESTIGATION							OCA 2484201						
C	ORI	NG					-	REPORT							Date / Time Reported SMTATFS Month Day Yr Time				
D E	10		NC 034												12 11 2024 08:59 Hrs.				
N	#1	Jime I	ncident(s) Shopliftii	10				Att Com	At Four	D			TFS Time			Day Yr 🖰	Time	
T	#2	Crime I	ncident	Shopiijiii	ıg				-	12 Location		10 202	4 11	1:55 Hrs	s 12			11:55 Hrs. Offense Tract	
D A								ı —	Com				Rd, V	Vinston-s	alem 1			322	
T A	#3	Crime I	ncident							Premise	Typ	pe				- 1	Victim Reside	nce Type ly ∏Multi Family	
	How A	Attacke	d or Com	nmitted				<u> П</u>	Com Forcib					Forcible	Weapon / Tools				
МО	DATA OMITTED Yes X\(\times\) No																		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
37	1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major															_			
V I		Victim/		Name (Last, First,			uty 🔲 Out	21/ (31)	KIIOW	<u>" L</u>	-	Victim of		3 / Age	Race	<u> </u>		Resident Status	
C T	V1 DATA OMITTED																To Offender		
I M			DA.	IA OMITTED								1						Unknown	
171	Home Address DATA OMI									ГТЕD						Home Phone			
	Employer Name/Address DATA OMI															Business Phone			
	VYR	M	Color Lic/Lis Vin							Vin									
				Model															
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 i	R = Recovered if recovered for other	D = I er juri	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	Forged	F = Foun	ıd				
	Victim #	Property Description								Mak	Make/Model Serial Number								
- - P - R							CLOTHES/FURS								North		DA	ATA OMITTED	
					_												IN	FOR FORMATION	
					_													SECURITY	
ο .																		PURPOSES	
P :																			
R																		ILY THE FIRST	
T Y					_												TWEL	VE PROPERTY ITEMS ARE	
					-												D	ISPLAYED ON	
																		2C REPORTS	
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature																		
ID	Office RAT		K. D.	(15687)	Officer Sig	Officer Signature Supervisor Signature RATLIFF, K. D. (15687)													
	Comp	lainant	e	Case Statu	s Case Disposition:														
Status							☐ Further ☐ X Inact ☐ Closed	tive l/Clea	red			Cleared	l by Ai	Loc rrest rrest by Ander] Refuse other Ag	gency	looperate	Page 1	