I N	Agenc	y Namo		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA	OCA 2484388						
C ·	REPORT														Date	Date / Time Reported SMTWTFS Month Day Yr Time				
D E	10		ncident(s			│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │								12	12 26 2024 14:37 Hrs.					
N T	#1		nerdent(s	, Shopliftii	เย			_	Com	Month	ı I			Time 18:08				Yr —	Time 18:08 Hrs	
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A		7 T	:					-	Com				all Bv	, Winst	on-salem				323	
T A	#3	Jillie 1	ncident						Att Com	Premis	ету	pe				- 1			y □Multi Famil	
МО			d or Com						•					Forcil	es X N/A		eapon /	Tools		
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:				
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																			
V I		Victim/		-			uty Othe	er/Un	know	'n	□ Ir					r Majo Sex		No onship	□N/A Resident Status	
C T	V/1 Crime #														Kacc	Sex		fender	☐ Resident	
I	- 1		DA	ΓA OMITTED								1							☐ Non-Resider ☐ Unknown	
М -	Home Address DATA OMI'									TTED .						Home Phone				
	Employer Name/Address DATA Of								ITTED							Business Phone				
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T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim #		Status		Property Description							Ma	Make/Model Serial Number							
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ID	Office: ALE		DER, J.	C. (15741) ID	Officer Sig	Officer Signature Supervisor Signature ALEXANDER, J. C. (1574)									<i>5741)</i>					
			Signatur				Case Status		notic -	tion	(Case Dis		1:					dition Da-!:- 1	
Status							☐ Further ☐ Inact ☐ Closed	tive l/Clea	ared				red by a	Arrest — Arrest by	Located Refus Another A	gency	Coopera /	ite	Page 1	