

I N C I D E N T	Agency Name <b>WINSTON-SALEM POLICE</b>				<b>INCIDENT/INVESTIGATION REPORT</b>										OCA <b>2253754</b>			
	ORI <b>NC NC 0340200</b>														Date / Time Reported Month Day Yr Time <b>11   05   2022   06:02</b> Hrs.			
D A T A	#1	Crime Incident(s) <b>Shoplifting</b>				<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>11   05   2022   05:00</b> Hrs				Last Known Secure Month Day Yr Time <b>11   05   2022   04:54</b> Hrs.							
	#2	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>653 Akron Dr, Winston-salem NC 27105</b>								Offense Tract <b>122</b>			
	#3	Crime Incident				<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type						Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family					
MO	How Attacked or Committed <b>DATA OMITTED</b>										Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No		Weapon / Tools					
V I C T I M	# of Victims <b>1</b>	Type <input type="checkbox"/> Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown				Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major						Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A						
	V1	Victim/Business Name (Last, First, Middle) <b>DATA OMITTED</b>				Victim of Crime # <b>1,</b>		DOB / Age		Race	Sex	Relationship To Offender		Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown				
	Home Address <b>DATA OMITTED</b>										Home Phone							
Employer Name/Address <b>DATA OMITTED</b>										Business Phone								
VYR Make Model Style Color Lic/Lis Vin																		

DATA OMITTED

<b>Status Codes</b> L = Lost    S = Stolen    R = Recovered    D = Damaged    Z = Seized    B = Burned    C = Counterfeit / Forged    F = Found (Check "OJ" column if recovered for other jurisdiction)											
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number		
		I	08	7			4	BREAKFAST SANDWICHES		DATA OMITTED	
									FOR		
									INFORMATION		
									SECURITY		
									PURPOSES		
									ONLY THE FIRST		
									TWELVE PROPERTY		
									ITEMS ARE		
									DISPLAYED ON		
								P2C REPORTS			
Number of Vehicles Stolen		0		Number Vehicles Recovered		0					
ID	Officer ALLEN, S. E. (15310)				ID#			Officer Signature		Supervisor Signature GEDDINGS, H. L. (14851)	
Status	Complainant Signature				Case Status <input type="checkbox"/> Further Investigation <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted			Case Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined			
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