

I N C I D E N T	Agency Name <b>WINSTON-SALEM POLICE</b>		INCIDENT/INVESTIGATION REPORT										OCA 2255458	
	ORI <b>NC NC 0340200</b>												Date / Time Reported Month Day Yr Time <b>11   15   2022   09:39</b> Hrs.	
	#1	Crime Incident(s) <b>Shoplifting</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>11   15   2022   09:39</b> Hrs.		Last Known Secure Month Day Yr Time <b>11   15   2022   09:39</b> Hrs.								
D A T A	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>3571 N Patterson Av, Winston-salem NC 27105</b>					Offense Tract <b>121</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 DATA OMITTED	Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
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V I C T I M	# of Victims	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		
	<i>I</i>									
	<b>V1</b>	Victim/Business Name (Last, First, Middle)  DATA OMITTED			Victim of Crime #  <i>I,</i>	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  DATA OMITTED								Home Phone	
	Employer Name/Address  DATA OMITTED								Business Phone	

DATA OMITTED

[illegible]

Number of Vehicles Stolen		0		Number of Vehicles Recovered		0	
ID	Officer <b>MUELLER, S. H. (15127)</b>	ID#		Officer Signature		Supervisor Signature <b>KURUTZ, B. (15053)</b>	
Status	Complainant Signature			Case Status		Case Disposition:	
				<input type="checkbox"/> Further Investigation <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted		<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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