

I N C I D E N T	Agency Name WINSTON-SALEM POLICE					INCIDENT/INVESTIGATION REPORT										OCA 2256178													
	ORI NC NC 0340200															Date / Time Reported Month Day Yr Time 11 19 2022 19:37 Hrs.													
D A T A	#1	Crime Incident(s) Shoplifting					<input checked="" type="checkbox"/> Att <input type="checkbox"/> Com	At Found Month Day Yr Time 11 19 2022 19:37 Hrs					Last Known Secure Month Day Yr Time 11 19 2022 19:37 Hrs.																
	#2	Crime Incident					<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 1040 Hanes Mall Bv, Winston-salem NC 27103										Offense Tract 323											
M O	#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											
	How Attacked or Committed DATA OMITTED															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 1	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) DATA OMITTED					Victim of Crime # 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														
VYR		Make		Model		Style		Color		Lic/Lis					Vin														

DATA OMITTED

Status Codes 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)										
PROPERTY REPORT	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number	
									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 <i>SHERMER, C. J. (16239)</i>				ID#		Officer Signature		Supervisor Signature (0)	
Status	Complainant Signature					Case Status <input type="checkbox"/> Further Investigation <input 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		Page 1