

I N C I D E N T	Agency Name WINSTON-SALEM POLICE				INCIDENT/INVESTIGATION REPORT				OCA 2412345					
	ORI NC NC 0340200								Date / Time Reported Month Day Yr Time 04 09 2024 19:42 Hrs.					
D A T A	#1	Crime Incident(s) Shoplifting				<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 04 09 2024 19:42 Hrs				Last Known Secure Month Day Yr Time 04 09 2024 19:42 Hrs.			
	#2	Crime Incident Ccw-possession/concealing Weapons				<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident 3475 Parkway Village Cr, Winston-salem NC				Offense Tract 314			
	#3	Crime Incident Resisting Arrest				<input type="checkbox"/> Att <input checked="" 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					
V I C T I M	# of Victims 2		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					

INVOLVED

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)							

P R O P E R T Y	Victim	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
		13	EVID			1	(9MM) PISTOL	HI-POINT/C9	DATA OMITTED
		65	FOUN			1	NORTH CAROLINA IDENTIFICATION CARD		FOR
	1	59	7,5			1	PISTOL HOLSTER	ALLEN	INFORMATION
	1	59	5			1	PISTOL HOLSTER	ALLEN	SECURITY
	1	06	7,5			1	PAIR OF GLOVES	HART	PURPOSES
	1	06	5			1	PAIR OF GLOVES	HART	
	1	76	7,5			1	LED FLASHLIGHT		ONLY THE FIRST
	1	76	5			1	LED FLASHLIGHT		TWELVE PROPERTY
	1	16	7,5			1	DIAMOND COMBINATION SHARPENER	SMITH'S	ITEMS ARE
	1	16	5			1	DIAMOND COMBINATION SHARPENER	SMITH'S	DISPLAYED ON
									P2C REPORTS

Number of Vehicles Stolen	θ	Number Vehicles Recovered	θ
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ID	Officer <i>SISSON, M. L. (14825)</i>	ID#		Officer Signature		Supervisor Signature <i>REYNOLDS, S. A. (15618)</i>
Status	Complainant Signature		Case Status		Case Disposition:	
			<input type="checkbox"/> Further Investigation <input 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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