

I N C I D E N T	Agency Name WINSTON-SALEM POLICE				INCIDENT/INVESTIGATION REPORT				OCA 2413853				
	ORI NC NC 0340200								Date / Time Reported Month Day Yr Time 04 21 2024 12:48 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 21 2024 12:48 Hrs			Last Known Secure Month Day Yr Time 04 21 2024 12:47 Hrs.				
	#2	Crime Incident			<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 589 N Martin Luther King Jr Dr, Winston-salem				Offense Tract 221			
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 # 1,		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)												
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number			
		1	16	7			3	DAWN DISH SOAP		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>FLANAGAN, T. W. (16217)</i>				ID#			Officer Signature		Supervisor Signature <i>COLLINS, A. B. (14763)</i>		
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			<div>Page 1</div>	