I N	Agenc	y Name		STON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2422832					
C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported SMTWIFS Month Day Yr Time				
D E	-10		ncident(s			│ │ │ │ │ Att │ At Found │ S M T W 크 F S								06 27 2024 09:09 Hrs. Last Known Secure SMTWIFS					
N T	#1			, Aggravated A	ssau	ılt		_										Time	
D	#2 Crime Incident																•	Offense	Tract
A T	Crime Incident Com 1522 N Liberty St, Winston-salem N																	dence Type	
A	#3	Jillie I	neident						Com	1 Tellise	тур							mily □Mu	
МО			d or Com MITTEI			Forcible ☐ Yes ☐ No						☐ Yes [Weapon / Tools						
	# of Victims Type Non Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															se:			
17	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major																		
V I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race		Relationsl	ip Reside	nt Status
C T	V1		DΛ	ΓA OMITTED	Crime #				Crime #	33				To Offeno	er 🛛 Res	sident n-Resident			
I M				TA OMITTED					1,			В	F	1RU	Unl				
	Home	Addre	ss		D	ATA OMI	ITTED								Home Phone				
	Emplo	me/Add	ATA OMI	A OMITTED							Business Phone								
,	VYR	Color Lic/Lis Vin						Vin											
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
	Victim # DCI Status Value OJ QTY						Property Description								Mak	Iake/Model Serial Number			
P - R - O	#	Troperty Description									1,141	10, 1110		DATA OM					
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ID			D. (16			Officer Sig	Officer Signature Supervisor MULL								Signature <i>INS</i> , <i>B. H.</i> (15079)				
	Comp	lainant	Signatur	e	Case Status	se Status Case Disposition:						☐ Loca	nted			xtradition l	Declined		
Status							☐ Closed	ive /Clea	ared			☐ Cleared ☐ Cleared	by Ai	rrest Drest by Ano	Refuse ther Ag	gency	ooperate	Pag	