I N	Agenc	y Name		NSTON-SALEN	CIDENT/INVESTIGATION						N [OCA 2422891									
C	ORI	NC	NC 02	40200			1	REPORT							Date / Time Reported SMTWIFS Month Day Yr Time						
D E		NC NC 0340200 Crime Incident(s)								Att At Found SMTWIFS Month Day Yr Time								Day Time O6 27 2024 I6:19 Hrs.			
N T	#1			, Assault-non Agg	erav	ated Ass	sault	_	Com	Month 06	Day			ime 19 Hrs	Mont		Day Yr 🗀	Time $16:18$ Hrs.			
D	#2		ncident			Att	Location			10.	19				Offense Tract						
A		· · ·	ncident	Drug Viola		Com 711 Sentry Pointe Ct, Winston-						Vinston-s	alem NC 27127 314 Victim Residence Type								
T A	#3	Jime I	ncident					Att Premise Type							Single Family Multi Family						
МО			d or Com				Forcible Yes						☐ Yes ☐	Weapon / Tools							
	DATA OMITTED # of Victims Type No Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:					
	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																				
V I		7 /		igious L.E. Off			ity Othe	er/Un	nknow	n _	_	l Uı	ncons	cious 🔲	Other	Majo					
C	V1	v ictim/		Name (Last, First,	Victim of Crime #				DOR	/ Age 22	Race		Relationship To Offender	Resident Status Resident							
T I	V 1		DA	ΓA OMITTED				1				В	$_F$	1BG	☐ Non-Resident ☐ Unknown						
M	Home Address DATA OMIT									 FTED						Home Phone					
,	F 1 N /A 11							A OMITTED							Business Phone						
	VYR	Model	Color Lic/Lis Vin						Vin												
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D																					
Status Codes																					
	Victim P.CV. G. V. I. O.						Property Description								Mak	e/Mo	del Se	rial Number			
,	#	# DCI Status Value OJ QTY Property Description								Ivian	.0/1410		TA OMITTED								
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			ehicles S	-		nber Vehi	cles Recovere		0												
ID	Office: SIM	ON, S	. T. (15	ID 5870)	Officer Sig	Officer Signature Supervisor Signature MEADOWS, C. E. (15570)															
	Complainant Signature Case Sta									Case Disposition:											
Status						Further Investigation Unfounded Located Inactive Cleared by Arrest Re							ted Refuse	ed Extradition Declined Lefuse to Cooperate							
~ ······							Closed	☐ Closed/Cleared ☐ Cleared by Arrest by Anotl							ther Agency						