I N	Agenc	y Name		NSTON-SALEN	IN	ICIDENT/INVESTIGATION						OCA 2422893						
C .	ORI	NC						REPORT						Date / Time Reported SMTWIFS Month Day Yr Time				
D E	10		NC 034								06   27   2024   15:14 Hrs.							
N	#1			) Assault-non Agg	ı —	Month Day Yr Time Month Day Yr Time									Time			
Т.	#2		ncident	1554411 11011 1188	srav	arca 1155		$\vdash$	Att	06 Location		Incident	4   13	):14  HIS	06			15:13 Hrs. Offense Tract
D A	□ Com 137 Columbine Dr, Winston-salem																	123
T A	#3	Crime I	ncident					☐ Att Premise Type ☐ Com						Victim Residence Type  ☐ Single Family ☐ Multi Family				
	How A	Attacke	d or Com	mitted				Forcit					Forcible	Weapon / Tools				
МО	D.	ATA O	MITTEL	)					│ □ Yes					☐ Yes [ ☐ No	X N/A			
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:																	
V	1			ciety  Governm igious L.E. Off			inancial Instit		ıknow		-	roken Bone ternal 🔲		Severe	Lacera Other			s □ Unknown □ N/A
I		Victim/		Name (Last, First,			, 🔲			<u> </u>		Victim of		3 / Age	Race	Sex	Relationship	Resident Status
C T	V1		DA	ΓΑ OMITTED				'	Crime #		19			To Offender	Resident     Non-Resident			
I M ·									1,			W	M	1ST	Unknown			
	Home	Addre	SS		TTED							Home Phone						
	Employer Name/Address DATA OMI									TTED					Business Phone			
	VYR	Color   Lic/Lis   Vir						Vin										
О																		
T																		
H E																		
R S																		
							$D\Lambda T\Lambda$		<b>71</b> /	TTTI	3T	`						
I N	DATA OMITTED																	
V	v V																	
O L																		
V E																		
D																		
Status Codes																		
Cours	Victim		Property Description						T	Mol	e/Mo	dal Sa	rial Number					
	# DCI Status Value OJ QTY							Property Description							Iviar	C/IVIO		TA OMITTED
- P -																		FOR
																		FORMATION
R O																		SECURITY PURPOSES
P																		T CITI OBED
E - R _																		LY THE FIRST
Т Ү -																		VE PROPERTY
																		ITEMS ARE SPLAYED ON
-																		2C REPORTS
_																		
	Numb		ehicles S			nber Vehi	cles Recovere Officer Sig		0				- 1	Supervisor	Signat	ıre		
ID	HOOKER, M. L. (16131)								ÀRNDT, V. A. (15514)								5514)	
	Complainant Signature Case State									tion		Case Dispos		□ Loca	ated		□ Extr	adition Declined
Status					ive				Cleared	by A	rrest by And	Refuse	e to C	ooperate				
							☐ Closed			hausted				nder $\Box$				Page 1