I N	Agenc	y Name		VSTON-SALEN	CIDENT/INVESTIGATION						OCA 2423131								
I C	ORI	NC	NC 034	10200	1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time							
D E		rime I		Att At Found SMTWTFS Month Day Yr Time							06 29 2024 13:56 Hrs. Last Known Secure S M T W T F S Month Day Yr Time								
N T	#1			, Assault-non Agg	grave	ated Ass	sault	ı —	Com	Month 06	D			lime 3:56 Hrs				Time 13:55 Hrs.	
D.	#2		ncident	- 00	,				Att	Location	ı of	Incident						Offense Tract	
A T	Crime Incident Com 110 Hanes Mall Bv, Winston-sales																7103 Victim Resid	322	
A	#3	JIIIIC I	neident						Com	Tremise	тур							ily □Multi Family	
МО			d or Com						!					Forcible Yes	X N/A	We	apon / Tools		
										Injur	V		- TT)	□ No	T	£ T	4 Drug//	Icohol Use:	
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Yes Unknow																		
V				igious L.E. Off			ity 🔲 Othe	er/Un	nknow	/n				nscious [Other	Majo	r 🛛 🖂 N	o □N/A	
I C		Victim/		Name (Last, First,					Victim of Crime #	DOI	3 / Age 50	Race	Sex	Relationship To Offender					
T I	V1	DA	ΓA OMITTED					1,			$\mid w \mid$	$_F$	1RU	☐ Non-Resident					
М -	Home Address DATA OMIT															Home Phone			
	Employer Name/Address DATA OMI'														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	(Chec	k "OJ"	= Stolen column i	R = Recovered for other	D = I r juri:	Damaged sdiction)	Z = Seized	B =	Burn	ned C=	Cou	ınterfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo		erial Number		
- - P - R													D.	ATA OMITTED					
					-												I	FOR NFORMATION	
																		SECURITY	
0																		PURPOSES	
Р ⁻ Е -																			
R T																		NLY THE FIRST LVE PROPERTY	
Y ·																	1 WE	ITEMS ARE	
-																	Г	DISPLAYED ON	
_																		P2C REPORTS	
-		-			\Box														
	Numb		ehicles S	tolen 0		nber Vehic	cles Recovere Officer Sig		0 re				Ī	Supervisor	Signati	ıre			
ID	DAV											ignature GHAN, A. M. (14884)							
	Complainant Signature Case State									tion		ase Dispos ☐ Unfoun		□ Loca	ated		□ Fvi	radition Declined	
Status							☐ Closed	ive /Clea	ared			☐ Cleared	by Ai	rrest Dance	Refuse other Ag	gency	ooperate	Page 1	