I N	Agenc	y Nam	e WIN	. IN	INCIDENT/INVESTIGATION							OCA 2423227							
C	ORI	NC	NC 034	40200			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E	10		ncident(s			Att At Found							TIFISI	Day Time O6 30 2024 O5:18 Hrs. Last Known Secure S M T W T F S Month Day Yr Time					
N T	#1			Aggravated A	ssa	ult		_	Com	Month 06	D			ime 5:18 Hrs			Day Yr	Time $05:17$ Hrs.	
D	#2	Crime I	ncident	- 00					Att	Location	of	Incident		•		•		Offense Tract	
A T	Crime Incident Com 3210 Anderson Dr, Winston-saler																	313	
A	#3	.111116 1	ncident					☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family				
МО			d or Com											Forcible Yes	X N/A	We	apon / Tools		
	# of Victims Type No															lcohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																		
V I		Viotim		igious L.E. Of			uty Othe	er/Un	know	n 🗆					_		r ⊠ No Relationship	□N/A Resident Status	
C T	V1	v ictiiii/			Victim of Crime #					3 / Age 30	Race	Sex	To Offender	☐ Resident					
I	1		DA	ΓA OMITTED					1,			W	M	1RU,2R	Non-Resident □ Unknown				
M	Home Address DATA OMI'									TTED						Home Phone			
	Employer Name/Address DATA OM														Business Phone				
	VYR	M	Color Lic/Lis Vin							Vin									
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered	D = i	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = 0$	Cou	interfeit / F	orged	F = Found	d				
	Victim		Status	Value	QTY		Property Description							Make/Model Serial Number					
	"						SHELL CASIN	HELL CASING							VORMA			TA OMITTED	
P - R - O																		FOR	
					\dashv												IN	SECURITY	
					\dashv													PURPOSES	
Р.																			
E ·																		ILY THE FIRST	
T v																	TWEL	VE PROPERTY	
Y					_												D	ITEMS ARE	
					\dashv													SPLAYED ON 2C REPORTS	
					_														
			ehicles S	tolen 0	Nur	nber Vehi	cles Recovere		0										
ID	Office SEB		ID. (16278)		Officer Sig	Officer Signature Supervisor Signature GRIFFIN, B. K. (15429)													
ID			Signatur		Case Statu	S Case Disposition:					OMI FIIV, D. K. (13+27)								
Status	-						☐ Further ☐ Inact ☐ Closed	tive /Clea	ıred			☐ Unfoun ☐ Cleared ☐ Cleared	ded by Ai by Ai	Trest by Ano	Refuse ther Ag	gency	ooperate	Page 1	