I N	Agenc	y Name		VSTON-SALEN	1 P	OLICE	IN	CIDENT/INVESTIGATION					OCA 2423239						
I C	ORI	NC	NC 02	10200						REP	ORT			Date / Mon	Time	Reported S	<u> </u>		
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found ☐ M T W T F S Month Day Yr Time						Day   17   Time   19:13   Hrs.			
N T	#1			, Assault-non Agg	ated Ass	sault	ı —	Com	Month 06			Time 9:13  Hrs			Day Yr 🗀	Time $09:12$ Hrs.			
D.	#2		ncident		<u>,                                     </u>				Att	Location	of Inciden	t	•	•		(	Offense Tract		
A T	Crime Incident Com 502 N Broad St, Winston-salem NC															I Victim Residen	111		
A	#3	Jillie I	neident					Com	1 Tellise 1	туре				- 1		y □Multi Family			
МО			d or Com					Forcible Yes					☐ Yes [	Weapon / Tools					
	# of V	ictims	Туре	X Person		Business				Injury	□ Not	ne 🔼		Loss o	f Tee	th Drug/Al	cohol Use:		
* 7	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															_			
V I		Victim/		Name (Last, First,			пу 🔲 Опи	21/ U1	IKHOW	<sup>/11</sup>	Internal Victim		B / Age	Race			□N/A Resident Status		
C T	V1		DAT	ΓA OMITTED							Crime #		44			To Offender			
I M ·				TA OMITTED					1,			W	M	10K	Unknown				
111	Home Address DATA OMIT									TTED					Home Phone				
	Employer Name/Address DATA OMI									 FTED					Business Phone				
•	VYR Make Model Style						Color	Color Lic/Lis Vin											
O T																			
H E																			
R	R																		
S	DATA OMITTED																		
I	DATA OMITTED																		
N V																			
O																			
V																			
E D																			
Status	L = L	ost S	= Stolen	R = Recovered	D = 1	Damaged	Z = Seized	B =	Burn	c = C	Counterfeit	/ Forge	l F = Foun	d					
Codes	(Chec Victim			f recovered for other	Ť	Í													
	# DCI Status Value OJ QTY						Property Description							Mal	ce/Mo		rial Number TA OMITTED		
P - R -																	FOR		
																	FORMATION		
					$\dashv$												SECURITY PURPOSES		
O P					$\dashv$												PURPUSES		
E - R					$\dashv$											ON	LY THE FIRST		
Т																TWEL	VE PROPERTY		
Y																	ITEMS ARE		
-					_												SPLAYED ON		
-					$\dashv$								+			P.	2C REPORTS		
-	Numb	er of V	ehicles S	tolen 0	Nur	nber Vehi	cles Recovere	d	0										
ID	Officer ID# Offic WAGONER, K. B. (15655)								Supervisor Signature  MATTISON G. M. (15167)										
ID	Complainant Signature Case Statu									MATTISŎN, G. M. (15167)  Case Disposition:									
Status	☐ Furthe									tion	□Unfo	ounded	☐ Loc	ated 1 Refue	e to C	Extra	adition Declined		
Status							Closed	/Clea								Page 1			