I N	Agenc	y Name		ISTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2425087						
I C	ORI	NC	NG 02	10200			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E	10		NC 034										TH FH 역	07 14 2024 16:19 Hrs.					
N	#1	Jime II		, Harassing Pho	_	PR C								th Day Yr Time					
Т.	#2	Crime I	ncident	Tarassing 1 noi	ie C	- aus			-	07 Location		<u>14 2024</u> f Incident	4 10):19 HIS	s 07	4		16:18 Hrs. Offense Tract	
D A	□ Com 625 Jonestown Rd, Winston-salem N																	323	
T A	#3	Crime I	ncident						Att Com	Premise	Ty	pe				- 1	Victim Resider	nce Type ly ∏Multi Family	
	How A	Attacke	d or Com	mitted					Com					Forcible		_	apon / Tools		
МО	DATA OMITTED														X N/A				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	3 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_			
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race	.	Relationship	Resident Status	
C T	V1		DA	ΓΑ OMITTED								Crime #					To Offender	☐ Resident ☐ Non-Resident	
I M ·												1,						Unknown	
	Home Address DATA OMI									TTED						Home Phone			
	Employer Name/Address DATA OM								ITTED						Business Phone				
•	VYR	M	Color Lic/Lis Vin						Vin										
O																			
T																			
H E																			
R S																			
	DATA OMITTED																		
I N	DATA UMITTED																		
V	· •																		
O																			
V																			
E D																			
Status																			
Codes	(Chec Victim			f recovered for othe	Ť	Í													
	# DCI Status Value OJ Q						Property Description								Mak	ce/Mo		rial Number TA OMITTED	
- P - R _					\dashv													FOR	
																		FORMATION	
																		SECURITY	
O P -					_													PURPOSES	
E - R					\dashv												ON	LY THE FIRST	
T .																		VE PROPERTY	
Y																		ITEMS ARE	
-					\downarrow													SPLAYED ON	
-					\dashv												Р	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0										
ID	Office	r PFII	A 1 A	ID (16180)	Officer Sig	Officer Signature Supervisor Signature SOMERVILLE, T. J. (16036)													
ID		KELL lainant		Case Status							SOME	ERVILLE, 1. J. (10030)							
C4-4				☐ Further	r Investigation Unfounded Located Extrad							adition Declined							
Status							Closed	☐ Closed/Cleared ☐ Cleared by Arrest ☐ ☐ Cleared by Arrest ☐ ☐ Cleared by Arrest by Arrest Death of Offender ☐ ☐ Cleared by Arrest Death of Offender ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						nother Agency					