I N	Agenc	y Name		NSTON-SALEN	1 PC	OLICE] IN	ICIDENT/INVESTIGATION REPORT					OCA 2425542						
C ·	ORI	NC					1						Date / Time Reported SMTWIFS Month Day Yr Time						
D E	NC NC 0340200 Crime Incident(s)									│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │						07 18 2024 12:51 Hrs. Last Known Secure S M T W = F S			
N T	#1 Simple Assault-non Aggravated Assault									☐ Att At Found SMTWIFS Last Known Secure SMTW Time Month Day Yr Time Month Day Yr Time O7 18 2024 12:30 Hrs O7 18 2024 12:30 Hrs O7 18 2024 12:30 Hrs O7 O7 O7 O7 O7 O7 O7 O									
D.	#2		ncident		<u> </u>				Att	Location	of Incident						Offense Tract		
A T	Crime Incident Com 301 Medical Center Bv, Winston-su															C 27103 Victim Resider	312		
A	#3	Jime I	iicideiit						☐ Att Premise Type ☐ Com						☐ Single Family ☐ Multi Family				
МО			d or Com						Forcible Yes					Weapon / Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Yes Unknow																		
V	1		☐ Rel	igious 🔲 L.E. Off	icer L	Line of Du			know	. –	Internal		nscious [Other	Majo	r 🛛 🔀 No	_ □N/A		
I C		Victim/	Business	Name (Last, First,	le)			Victim of Crime # DOB / Age			Race		Relationship To Offender	Resident Status Resident					
T I	V1 DATA OMITTED										1,		40	A	$_{F}$	1ST	☐ Non-Resident		
М -	Home	Addre	SS		ATTA ON HI							1		ne Phone	Unknown				
	Employer Name/Address DATA OMIT														Business Phone				
	DATA OMI														Business I none				
	VYR	M	ake	Model	Sty	/le	Color		Lic	:/Lis			Vin						
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 if recovered for other	D = E r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit / 1	Forged	F = Foun	d					
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	del Se	rial Number		
P - R - O																DA	TA OMITTED		
					+											IN	FOR FORMATION		
					+												SECURITY		
																	PURPOSES		
Р ⁻ Е -					_											ON	LV THE FIRST		
R T					+												LY THE FIRST VE PROPERTY		
Y ·					+												ITEMS ARE		
-																	SPLAYED ON		
																P	2C REPORTS		
-	N	СТ	-1-: 1 ~	4-1	N,	1 37 11	-1 D		0										
	Numb Office:		ehicles S	tolen 0		iber Vehic	cles Recovere Officer Sig		e e				Supervisor	Signati	ıre				
ID	SINK, J. K. (15259)									COX					C. M. (15574)				
Status	Comp	ainant	Signatur	e			Case Status	r Inve		tion	Case Dispo	nded d by A	Locarrest	Refuse	to C	Extr	adition Declined		
													rrest by And ender – –			Declined	Page 1		