I N	Agency Name WINSTON-SALEM POLICE									ICIDENT/INVESTIGATION					OCA 2425699				
C	ORI	NC	NC 02	10200			1	REPORT						Date / Time Reported SMTWTES Month Day Yr Time					
D E	NC NC 0340200 Crime Incident(s)															07 19 2024 16:22 Hrs. Last Known Secure S M T W T F S			
N T	#1 Simple Assault-non Aggravated Assault									☐ Att At Found SMTWTFS Last Known Secure SMTV Time Month Day Yr Time Month Day Yr Time Month Day Yr Time 16:22 Hrs 07 19 2024 16:21									
D	#2		ncident		,				\rightarrow	Location	of Incide	nt	•			(Offense Tract		
A T	Com 100 Hanes Mall Cr, Winston-sales															7103 Victim Residen	322		
A	#3	Jillie I	neident					☐ Att Premise Type ☐ Com						☐ Single Family ☐ Multi Family					
МО			d or Com					Forcible Yes					☐ Yes	Weapon / Tools					
																cohol Use:			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																		
V				igious L.E. Off			ity 🔲 Othe	er/Un	know	n 🗆			nscious [Other	Majo	r 🛛 🗖 No	_ □N/A		
C		Victim/	Business	Name (Last, First,	le)	Victim Crime				Sex	Relationship To Offender	Resident Status Resident							
T I	DATA OMITTED										1,			$\mid w \mid$	$_{F}$	1AQ	Non-Resident ☐ Unknown		
M	Home	Addre	SS		D	ATA OMI	rte							Home Phone					
	Employer Name/Address DATA OMI													Business Phone					
	VYR	M	ake	Model	/le	Color													
					Í														
O T H E R S I N V O L V E D		DATA OMITTED																	
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = E r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfei	it / Forge	l F = Foun	d					
	Victim # DCI Status Value OJ QT					QTY		Property Description				Mak	ce/Mo	odel Ser	rial Number				
- - P - R														DA	TA OMITTED				
					+											IN	FOR FORMATION		
																	SECURITY		
ο .																	PURPOSES		
P -																			
R T					_												LY THE FIRST VE PROPERTY		
Y ·					+												ITEMS ARE		
					+												SPLAYED ON		
																P	2C REPORTS		
	Numb		ehicles S			nber Vehic	cles Recovere		e e				Supervisor	Signati	ure				
ID	RUIZ, M. A. (15869)							JAM.							ERSON, B. M. (15386)				
	Complainant Signature Case Stat ☐ Furth																adition Declined		
Status							☐ Inact	ive /Clea	ared		□ Cle	ared by A ared by A	rrest by And] Refuse other Ag	gency	ooperate	Page 1		