I N	Agenc	y Name		NSTON-SALEN	1 P	OLICE	IN	NCIDENT/INVESTIGATION REPORT					OCA 2426497						
C ·	ORI	NC											Date / Time Reported SMTWIFS Month Day Yr Time						
D E	NC NC 0340200 Crime Incident(s)									Att At Found SMTWIFS Month Day Yr Time						Day 17 Time 25 2024 23:17 Hrs. Last Known Secure SMTMIFS SMTMI			
N T	#1			, Assault-non Agg	erav	ated Ass	sault	_	Com	Month 07	Day		Time $23:17$ Hrs			25 2024	Time		
D.	#2		ncident		,			_	Att	Location			.3.17	<u> </u>			Offense Tract		
A		7 T						_	Com			Winsto	n-salem N	C 271		//: D: 1	113		
T A	#3	Jillie I	ncident						☐ Att Premise Type ☐ Com						Victim Residence Type ☐ 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: Broken Bones Severe Lacerations Yes Unknown																		
V I	$\frac{I}{I}$	liation/		igious X L.E. Off			ity 🔲 Othe	er/Un	know	n 🗆			onscious [Other	Majo		□N/A Resident Status		
C T	V1	v icuiii/			MIGC	ne)					Victir Crime		OB / Age 24	Race	Sex		■ Resident		
I	* 1		DA	ΓA OMITTED							1,			W	M	1ST	☐ Non-Resident ☐ Unknown		
М -	Home Address DATA OMIT									 fted					Home Phone				
	Employer Name/Address DATA OM													Business Phone					
	VYR	Model	Color Lic/Lis '						Vin	n									
					<u> </u>				<u> </u>										
O																			
T																			
H E R S																			
	DATA OMITTED																		
I N																			
V O																			
L																			
V E																			
D																			
	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered if recovered for other	D = 1 er juri	Damaged isdiction)	Z = Seized	B =	Burn	ed C = C	Counterfe	eit / Forge	d F = Foun	d					
	Victim #						Property Description							Mal	ce/Mo	odel Sei	rial Number		
- - P - R													DA	TA OMITTED					
					\dashv											IN	FOR FORMATION		
					\dashv												SECURITY		
0					\neg												PURPOSES		
Р ⁻ Е -																			
R																	LY THE FIRST		
Т Ү -					\dashv												VE PROPERTY		
-					\dashv												ITEMS ARE SPLAYED ON		
-					\dashv												2C REPORTS		
_																			
			ehicles S	-		nber Vehi	cles Recovere		0				l Cumare-i-	Ci~	1100				
ID	Office: HES	TER,	M. J. (id 16249)		Officer Sig								sor Signature OGHEGAN, M. R. (16168)					
	Complainant Signature Case Stat									Case Disposition:							adition Declined		
Status						Inact								adition Declined					
								Closed/Cleared Cleared Cleared Death of Offender Prosecution								Page 1			