I N	Agenc	y Nam	NSTON-SALEN	, IN	INCIDENT/INVESTIGATION							OCA 2431035									
C I															Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10		ncident(s				I	A t Ea	d	Igli	al ml ta	निमानी दो	08		30	2024	Time 18:01 M T W T				
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T	#2	Crime I	ncident	Discharging F	1160	<i></i>			Att	08 Locat		30 202 of Incident	4 10	8:01 HIS	s} 08		80 20		18:00] Offense Trac	Hrs. ct	
D A	☐ Com 1699 N Liberty St, Winston-salem No																		222		
T A	#3	Crime I	ncident						Att Com	Premi	se T	ype				- 1			ce Type y ∏Multi Fa	amily	
	How A	Attacke	d or Con	nmitted				Ш	Com					Forcible			apon / T		y 🔲 Widia i	anniy	
МО	DATA OMITTED Yes XIV/A															<u> </u>					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															own					
I	Τ,	Victim/		Name (Last, First,			<u> </u>					Victim of		B / Age	Race	.	Relatio	nship	Resident St		
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	Number of Vehicles Stolen 0 Number Vehicles Recovered 0																				
ID	Office MIN		D. (16	ID 5069)	Officer Sig	Officer Signature Supervisor Sig MULLINS									gnature S, B. H. (15079)						
	Complainant Signature Case Sta									Case Disposition:									dition D = 1	inad	
Status						Inact	ive	ive Cleared by Arrest Refuse to Cooperate							;] Extra	dition Decl	med				
							☐ Closed			hausted				rrest by Ander				_м Г	Page 1		