I N	Agenc	y Name		STON-SALEN	CIDENT/INVESTIGATION						OCA 2432225								
C ·	ORI	NC	NC 02	10200	1		REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E			NC 034		☐ Att At Found						Day 17 Time								
N T	#1			, Assault-non Agg	rav	ated Ass	sault	_	Com	Month 09	D			lime 1:58 Hrs				Time 11:57 Hrs.	
D.	#2		ncident						Att	Location	of l	Incident						Offense Tract	
A T	Crime Incident Com 546 E Sprague St, Winston-salem I																Victim Reside	212	
A	#3	Jime I	neident						Com	Tiennse	тур					- 1		ily ∏Multi Family	
МО			d or Com			•					Forcible Yes	X N/A	We	apon / Tools					
																Alcohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I		Victim/		igious L.E. Off Name (Last, First,			ity 🔲 Othe	er/Ur	ıknow	n 🗆		ernal Victim of			Other Race				
C T	V1	v ictiii/			nc)			1 5			39	Kace	Sex	To Offender	☐ Resident				
I	,]		DA	ΓA OMITTED					1,			$\mid W \mid$	M	1FR	□ Non-Resident □ Unknown				
М -	Home Address DATA OMIT									ГТЕО						Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
	VYR	Color Lic/Lis Vin							Vin										
О																			
T H																			
E																			
S	R S																		
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N	I N V																		
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L V																			
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D																			
Status	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Codes	(Chec	k "OJ"	column i	f recovered for othe	r juri	isdiction)	Z = Scized		- Duii	icu c = v	Cou	merrent / I	orged	T = T Outli					
	# DCI Status Value OJ QTY						Property Description							Mal	ce/Mo		erial Number		
-		 											D.	ATA OMITTED FOR					
P - R					\dashv												I	NFORMATION	
																		SECURITY	
O P -																		PURPOSES	
Ē -					_												0.	NLY THE FIRST	
R T					\dashv													LVE PROPERTY	
Y					\neg													ITEMS ARE	
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-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehi	cles Recovere	d	0										
75	Office	r		ID			Officer Sig		_					Supervisor			027)		
ID			, <i>G. H.</i> Signatur	(15035)		Case Status	s	<u> </u>						Y, C. M. (15037)					
Gr. i			G		☐ Further	r Inv	estiga	tion	[☐ Unfoun	ded	Loca	ated	e to C	Ext	radition Declined			
Status							Closed							Г	Page 1				