I N	Agency Name WINSTON-SALEM POLICE									ICIDENT/INVESTIGATION					OCA 2433801			
C ·	ORI	NC	NC 02	40200			1	REPORT					Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034				Att	At Found	1 SI	M T W	TI-FISI	09		20 202	Time 4 22:21 Hrs. SMTWT量S			
N T	#1			, Assault-non Agg	rav	ated Ass	sault	ı —	Com	Month 09			∏ቜ S Time 2:21 Hrs		nth Day Yr Time			
D.	#2		ncident		,				_		of Incident	7 22	2.21	1 09		2024	Offense Tract	
A		7 T	:1					_	Com 4050 Heather View Ln, Winston-salem NC 27127 323 Att Premise Type Victim Residence Type									
T A	#3	Jillie I	ncident					☐ Att Premise Type ☐ Com					☐ Single Family ☐ Multi Family					
МО			d or Com MITTEI					Forcible ☐ Yes ☐ No					☐ Yes [Weapon / Tools				
	# of V	ictims	Type	□ Person	□ F	Business				Injury	☐ None	ΔV	_	Loss o	f Tee	th Drug/A	lcohol Use:	
V	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_		
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age															Relationship	Resident Status	
C T	V1		DA	ΓΑ OMITTED				Crime #				32			To Offender			
I M ·											1,			W	F	1AQ,2V	Unknown	
	Home Address DATA OMIT									ГТЕD					Home Phone			
	Employer Name/Address DATA OMI								ТТЕD					Business Phone				
	VYR	M	ake	Model	Sty	yle	Color		Lic	c/Lis			Vin					
O 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 i	R = Recovered if recovered for other	D = I er juri	Damaged isdiction)	Z = Seized	B =	Burn	C = C	Counterfeit /	Forged	F = Foun	d				
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	ke/Mo	del S	erial Number	
- - P - R																D	ATA OMITTED	
					_											11	FOR NFORMATION	
					_												SECURITY	
0																	PURPOSES	
Р ⁻ Е -																		
R.					_												VE PROPERTY	
Т Ү					_											IWEI	ITEMS ARE	
-					_											D	ISPLAYED ON	
-																	P2C REPORTS	
_																		
			ehicles S	-		nber Vehic	cles Recovere		0				Cumo	Ciarre	140			
ID	Office: HIN		J. (16	1D 247)		Officer Sig								or Signature (N, J. L. (15605)				
	Complainant Signature Case Statu									Case Disposition:							radition Dacition 1	
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared			d by A	Locarrest □ rrest by Ancender □	Refuse other Ag	gency	ooperate	Page 1	