I N	Agenc	y Name		STON-SALEN	1 P	OLICE	IN	CIE	CIDENT/INVESTIGATION						OCA 2435774					
C ·	ORI	NG			-	REPORT						Date / Time Reported SMTWTFS								
D E			NC 034				A 44	At Four	ad.	Islm	ปรโพ	THES	10		05 2024	Time 4 12:53 Hrs. 5 M T W T F s				
N T	#1) Assault-non Agg	_	Month Day Yr Time Month Day Yr									Time $12:52$ Hrs.					
D .	#2		ncident	1554441 11011 1188	,,,,,,				_		-	Incident	<u> </u>		10	10		Offense Tract		
A	Com 935 E Second St - C, Winston-salem																	221		
T A	#3	rime i	ncident						Att Com	Premise	Typ	pe				- 1	/ictim Reside Single Fami	nce Type ly ∏Multi Family		
МО			d or Com						٠					Forcible Yes	X N/A	We	apon / Tools			
	# of V	ictims	Туре	∏ Person		Rusiness				Injur	y	☐ None	LALV.	□ No linor □	Loss o	f Teet	h Drug/A	lcohol Use:		
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															es Unknown				
V I		Victim/		igious L.E. Off Name (Last, First,			ity Othe	er/Un	lknow	n _		ternal Victim of		scious B / Age	Other Race		r ⊠ No Relationship	N/A Resident Status		
C T	V1			ΓA OMITTED						Crime #	201	53	race		To Offender	□ Resident				
I M			DA	IA OMITTED					1,			$\mid W \mid$	F	10K	☐ Non-Resident☐ Unknown					
IVI ·	Home	Home Address DATA OMIT									ГТЕО						Home Phone			
•	Employer Name/Address DATA OMI								 FTED						Business Phone					
	VYR	Color		Lic	c/Lis				Vin											
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)																			
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	del Se	erial Number			
													DA	ATA OMITTED						
- P - R																	IN	FOR FORMATION		
					\dashv													SECURITY		
O P -																		PURPOSES		
Р Е -																	01	H W THE EID OT		
R T					\dashv													VE PROPERTY		
Y ·																	11,122	ITEMS ARE		
-																	D	ISPLAYED ON		
					\Box												F	2C REPORTS		
-	Nisse-1	or of V	ahiala- C	tolon 0	NI	nho= V-1-1	alas Pass	d	0											
	Office		ehicles S	tolen 0		noer veni	cles Recovere Officer Sig		o re				1	Supervisor	Signati	ıre				
ID	LAMB, L. N. (16119)								COLI							INS, A. B. (14763)				
Status	Comp	laınant	Signatur	e		Inact	er Investigation Unfounded ctive Cleared by Arrest					rest \square	Located							
							☐ Closed			hausted				rest by Ano				Page 1		