I N	Agenc	y Name		VSTON-SALEN	OLICE	] IN	INCIDENT/INVESTIGATION							OCA 2435936					
C	ORI	NC	NC 03/	10200			REPORT							Date / Time Reported S M T W T F S Month Day Yr Time					
D E	NC NC 0340200 Crime Incident(s)								Att At Found SMTWTFS Month Day Yr Time						10				
N T	#1 Aggravated Assault									Month Day Yr Time Month Day Yr Time IV Com 10   06   2024   17:38   Hrs   10   06   2024   17:33									
D	#2	Crime I	ncident					_	☐ Att Location of Incident Offense Tra										
A T	#3	Crime I	ncident					_	☐ Com 840 Pitts St, Winston-salem NC ☐ Att Premise Type					Victim Residence Type					
A								Com					1	☐ Single Family ☐ Multi Family					
МО			d or Com					Forcible						Weapon / Tools					
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
	1			ciety Governme igious L.E. Off			inancial Institution		know		Broken Bor Internal		Severe	Lacera Other	tions Majo		S □ Unknown □ N/A		
I C		Victim/	Business	Name (Last, First,	Middl	e)		Victim of DC Crime #					B / Age	Race			Resident Status Resident		
T I	V1 DATA OMITTED										1,		21	$\mid_{B}\mid$	M	1BG	☐ Non-Resident		
M	Home Address													Ь		ne Phone	Unknown		
	Employer Name/Address  DATA ON  Employer Name/Address								ITTED					D : N					
		oyer na	ime/Addi		D	ATA OMIT	ΓA OMITTED						Business Phone						
'	VYR	M	ake	Model	Sty	le	Color		Lic	/Lis			Vin						
O T H E R S I N V O L V E D		DATA OMITTED																	
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered frecovered for other	D = D r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit /	Forged	F = Found	il 					
	Victim # DCI Status Value OJ QTY						Property Description							Mak	ke/Mo		rial Number		
- P - R _					_											DA	TA OMITTED FOR		
					+											IN	FORMATION		
																	SECURITY		
O P .					_												PURPOSES		
E ·					+											ON	LY THE FIRST		
T																TWEL	VE PROPERTY		
Y																	ITEMS ARE		
					_												SPLAYED ON 2C REPORTS		
					+											1.	2C KEI OK IS		
			ehicles S			ber Vehic	cles Recovere		0										
ID	Office: GEN		J. Z. (1	ID (6214)		Officer Sig	Officer Signature Supervisor Signature COLLIER, L. B. (15465)												
	Complainant Signature Case								se Status Case Disposition:										
Status	Further Investigation ☐ Inactive ☐ Closed/Cleared ☐ Closed/Leads Exhausted												Loca rrest   Trest by Ano	Refuse ther Ag	gency	ooperate	Page 1		