I N	Agenc	y Name		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2438161								
I C	ORI	NC	NC 034	10200				REPORT						Date / Time Reported SMTATFS Month Day Yr Time					
D E			ncident(s				Att At Found S M 7						TFS	10		23 2024 on Secure	Time 4		
N T	#1			, Assault-non Agg	grav	ated Ass	sault	ı —	Com	Month 10	D			T F S Time 7:00 Hrs			Day Yr	Time $16:59$ Hrs.	
D.	#2		ncident		,				Att	Location	n of	Incident		•				Offense Tract	
A T	Crime Incident Com 2560 Willard Rd, Winston-salem N																07 Victim Reside	213	
A	#3	Jime I	ncident					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family				
МО			d or Con MITTEI			•					Forcible Yes	X N/A	We	apon / Tools					
	# of Victims Type No Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol 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	nknow	n _		ternal Victim of		nscious B / Age	Other Race			□ N/A Resident Status	
C T	V1	v ictiii/							Crime #	DOI	31	Race	sex	To Offender					
I	` -	DA	ΓA OMITTED					1,			$\mid B \mid$	F	1AQ	☐ Non-Resident☐ Unknown					
М -	Home Address DATA OMIT									TTED						Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
•	VYR	Color Lic/Lis V						Vin											
		<u> </u>																	
О																			
T H																			
E R																			
I	DATA OMITTED																		
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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	f recovered for other	er jur	isdiction)	Z = Scizcu		- Duii			micricit / I	orged	T = T Outli					
	# DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mo		erial Number		
- P - R _													DA	TA OMITTED FOR					
																	IN	FORMATION	
																		SECURITY	
O P -																		PURPOSES	
Ē -																	ON	ILY THE FIRST	
R T																		VE PROPERTY	
Y																		ITEMS ARE	
-																	D	ISPLAYED ON	
																	F	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Niii	nher Vebi	cles Recovere	d	0										
	Officer ID# Officer Signature Supervisor Signature																		
ID		L. S. (1 Signatur	Case Statu	c			10	ace Diana	ition	GEDD	DINGS, H. L. (14851)								
	Comp	ашапі	əigiiatur	z	☐ Furthe	r Inv	Case Disposition: Unfounded							adition Declined					
Status					tive /Clea					by A	rrest by Ano	ther Ag	gency						
										hausted				nder 🗆				Page 1	