I N	Agenc	y Name		VSTON-SALEN	CIDENT/INVESTIGATION						OCA 2439491									
C I	ORI	NC			1		REPORT						Date / Time Reported SMTWTFS Month Day Yr Time							
D E	-10		NC 034					Att At Found S M T						T F S				 		
N T	#1			, Assault-non Agg	ı —	Jane 1 Marable Dana Wasable Dana									Time					
D	#2		ncident		,				Att	Location	n of	Incident						Offense Tract		
A T	Com 930 N Patterson Av, Winston-salem																7101 Victim Reside	411		
A	#3	Jillie I	neident						Com	rieilise	ı yı	pe				- 1		lice Type ly		
МО			d or Com					!						Forcible Yes	N/A	We	apon / Tools			
	□ No															1 1 177				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Yes Unknow																			
V	1		Rel	igious 🔲 L.E. Off	ïcer l	Line of Du			know		-		Unco	nscious	Other	Majo	r 🛛 🗓 No	N/A		
I C		Victim/	Business	Name (Last, First,		Victim of Crime #				DOI	B / Age Race		Sex	Relationship To Offender	Resident Status Resident					
T I	V1		DA	ΓA OMITTED					1,		31	$\mid_{B}\mid$	$_{F}$	1RU	Non-Residen					
M	Home	Addre	ss									Home Phone Unknown								
	Employer Name/Address DATA OMI'															Business Phone				
,	DATA OMI									Lic/Lis							Business I none			
	VYR	M	аке	Model	St	yle	Color		Lic	C/L1S				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	R = Recovered for other	D = l r juri	Damaged isdiction)	Z = Seized	B =	Burn	ied C=	Cot	ınterfeit / F	orged	F = Found	d					
	Victim # DCI Status Value OJ Q					QTY		Property Description					Mak	e/Mo	del Se	erial Number				
- - P - R													DA	TA OMITTED						
					\dashv												IN	FOR FORMATION		
					_													SECURITY		
O P -																		PURPOSES		
E ·					_												01	II W THE EID OT		
R T					\dashv													VE PROPERTY		
Y ·					\dashv												TWEE	ITEMS ARE		
					_												D	ISPLAYED ON		
																	F	2C REPORTS		
-	NT .	637	-1:1 °	4-1	N,	-1 37 11	-1 D	.1	0											
	Office	r	ehicles S	ID		nber Vehic	cles Recovere Officer Sig		0 re				I	Supervisor	Signati	ıre				
ID	ANDERSON, B. R. (15633)								MATHEWS, C. K. (15509)											
	Complainant Signature Case State									tion		Case Dispos		□ Loca	ated		□ Ext	adition Declined		
Status							☐ Inact	tive /Clea	ared			☐ Cleared	by A	rrest D	Refuse ther Ag	gency	ooperate	Page 1		