| I<br>N  | Agenc  | y Namo          |                     | NSTON-SALE                              | 1 P                  | OLICE               | INCIDENT/INVESTIGATION              |                      |       |                                     |                      |                       |                         | OCA 2440427  |   |                    |          |                     |                 |
|---|--|-----------------|---------------------|---|----------------------|---------------------|-------------------------------------|----------------------|-------|-------------------------------------|----------------------|-----------------------|-------------------------|--|---|--------------------|----------|---------------------|-----------------|
| C   | ORI  | NC              | NC 034              | 10200                                   |                      |                     | 1                                   | REPORT               |       |                                     |                      |                       |                         | Date / Time Reported   S M T W T F Month Day Yr Time   11   09   2024   07:45 Hr |   |                    |          |                     |                 |
| D<br>E  |  |                 | ncident(s           |   |                      |                     |                                     |                      | ++ I  | At Found                            | SM                   | ITW                   | T F S                   | 11<br>Last   |   |                    |          | <i>07:4</i><br>мт w |                 |
| N<br>T  | #1   |                 |                     |   |                      |                     |                                     |                      |       | Month                               | Day Yr               | I                     | 'ime                    |  |   | n Secure<br>Pay Yr | <u> </u> | Time                |                 |
|   | #2 Crime Incident   Simple Assault-non Aggravated Assault   X Com   11   09   2024   07:45   Hrs   |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         | s 11   09   2024   07:44   Hrs.<br>Offense Tract                                 |   |                    |          |                     |                 |
| D<br>A  |  |                 |                     |   |                      |                     |                                     | C<br>I               | om    |                                     | las Creek            | Pw,                   | Winston-                | salem  |   |                    |          | 322                 |                 |
| T<br>A  | #3 Crime Incident  |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         |  | Victim Residence Type  ☐ Single Family ☐ Multi Family |                    |          |                     |                 |
|   | How Attacked or Committed Forcible   |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         |  |   | pon / Too          |          | ∐Mui                | ti Family       |
| MO  | DATA OMITTED Yes XIV/A   |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         |  |   |                    |          |                     |                 |
|   | # of Victims   Type   Type   Person   Drug/Alcohol Use:  |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         |  |   | se:                |          |                     |                 |
|   | # of Victims   Type   Type   Person   Business   Injury   Type   None   Minor   Loss of Teeth   Drug/Alcohol Use:   Broken Bones   Severe Lacerations   Yes   Unknow |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         |  |   |                    |          |                     |                 |
| V   | 1  |                 | ☐ Rel               | ligious 🔲 L.E. Of                       | icer                 | Line of Du          |                                     |                      | nown  | . —                                 | nternal 🔲            | Uncon                 | scious [                | Other  | Majo  | –                  | No       | N/                  | 'A              |
| I<br>C  | '  | Victim/         | Business            | Name (Last, First,                      | Mide                 | dle)                |                                     |                      |       |                                     | Victim of<br>Crime # | DOE                   | 3 / Age<br>49           | Race   | Resident Status To Offender Resident Status Resident  |                    |          |                     | nt Status       |
| T<br>I  | V1   |                 | DA                  | TA OMITTED                              |                      |                     |                                     |                      |       |                                     |                      |                       | 49                      | <sub>n</sub>   |   |                    |          |                     | -Resident       |
| M ·   | Home   | e Addre         |                     |   |                      |                     |                                     |                      |       |                                     | 1,                   |                       |                         | В  | $F \mid IAQ \mid \Box$ Unkno                          |                    |          |                     | nown            |
|   | поше   | Addre           | SS                  |   |                      | D.                  | ATA OMI                             | ΓTED                 | 1     |                                     |                      |                       |                         |  | Home Fhome  |                    |          |                     |                 |
|   | Empl   | oyer Na         | me/Add              | ress                                    |                      | D.                  | ATA OMI                             | TTED                 |       |                                     |                      |                       |                         | Business Phone   |   |                    |          |                     |                 |
|   | VYR  | M               | ake                 | Model                                   | St                   | yle                 | Color   Lic/Lis   Vin               |                      |       |                                     |                      |                       | Vin                     |  |   |                    |          |                     |                 |
|   |  |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         |  |   |                    |          |                     |                 |
| T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED   |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         |  |   |                    |          |                     |                 |
| Status<br>Codes   | L = L<br>(Chec   | ost S<br>k "OJ" | = Stolen column     | R = Recovered<br>if recovered for other | D =<br>er jur        | Damaged risdiction) | Z = Seized                          | B = B                | urnec | $\mathbf{C} = \mathbf{C}\mathbf{c}$ | ounterfeit / F       | orged                 | F = Found               | d  |   |                    |          |                     |                 |
|   | Victim<br>#  | DCI             | Status              | Value                                   | Property Description |                     |                                     |                      |       |                                     |                      | Mak                   | ake/Model Serial Number |  |   |                    | ıber     |                     |                 |
| P -   |  |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         | DAT.   | A OMI   |                    |          |                     |                 |
|   |  |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         |  |   |                    | INIE     | FOR                 |                 |
|   |  |                 |                     |   | $\dashv$             |                     |                                     |                      |       |                                     |                      |                       |                         |  |   |                    |          | ORMA<br>ECUR        |                 |
| R<br>O  |  |                 |                     |   | $\dashv$             |                     |                                     |                      |       |                                     |                      |                       |                         |  |   |                    |          | URPO                |                 |
| Ρ.  |  |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         |  |   |                    |          |                     |                 |
| E ·   |  |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         |  |   |                    | ONL      | Y THE               | FIRST           |
| T<br>Y  |  |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         |  |   | TW                 |          |                     | PERTY           |
|   |  |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         |  |   |                    |          | TEMS .              |                 |
|   |  |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         |  |   |                    |          | REPO                | ED ON           |
|   |  |                 |                     |   |                      |                     |                                     |                      |       |                                     |                      |                       |                         |  |   |                    | 120      | - TELL              |                 |
| •   | Numb   | er of V         | ehicles S           | Stolen 0                                | Nui                  | mber Vehic          | cles Recovere                       | d 0                  |       |                                     |                      |                       |                         |  |   |                    |          |                     |                 |
| TD.   | Office   |                 | A /150              | ID                                      | #                    |                     | Officer Sig                         | Signature Superviso  |       |                                     |                      |                       |                         | or Signature   |   |                    |          |                     |                 |
| ID  |  |                 | A. (158<br>Signatur |   |                      |                     | Case Status                         |                      |       |                                     |                      |                       |                         | T. Å. (15478)  |   |                    |          |                     |                 |
| Status  | Comp   |                 | oignatul            | ~                                       |                      |                     | ☐ Further ☐ Inact ☐ Closed ☐ Closed | Investive<br>/Cleare | d     | on                                  | ☐ Unfoun             | ded<br>by Ar<br>by Ar | rest by And             | Refuse<br>ther Ag  | gency   | Declined           | Extrad   | lition E            | Declined<br>e 1 |