I N	Agenc	y Name		VSTON-SALEN	CIDENT/INVESTIGATION						OCA 2441011								
I C	ORI	NC	NC 03/	10200			1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time					
D E	NC NC 0340200 Crime Incident(s)									☐ Att						11   13   2024   17:41 Hrs.   Last Known Secure SMTWTFS   Month Day Yr Time			
N T	#1	S	Simple 1	Assault-non Agg	_	Com	Month				ime 7:41  Hrs				Time 18:00 Hrs.				
D	#2 Crime Incident														om M	offense Tract  n NC 27103  Offense Tract  323			
A T	#3	Crime I	ncident					_	☐ Com 791 Jonestown Rd, Winston-sal						em IV	Victim Residence Type			
A									Com						☐ Single Family ☐ Multi Family				
МО			d or Com											Forcible ☐ Yes [ ☐ No	<b>X</b> N/A	We	apon / Tools		
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:																		
V	1			ciety Governme igious L.E. Off			inancial Institution Instituti		know	. –	-	roken Bone ternal 🔲		Severe	Lacera Other	tions Majo		es □Unknown □N/A	
I C		Victim/	Business	Name (Last, First,		Victim of Crime #									Resident Status Resident				
T I	V1		DA	ΓA OMITTED					1,		33	W	M	10K	☐ Non-Resident				
M ·	Home	Addre	SS									Home Phone Unknown							
	DATA OMI									FTED						D : N			
	Employer Name/Address DATA OMI									TTED						Business Phone			
	VYR	M	ake	Model	Sty	/le	Color		Lic	c/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 = I r juri:	Damaged sdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Foun	d 				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	ce/Mo		erial Number		
- P - R _													DA	TA OMITTED FOR					
														+			IN	FORMATION	
																		SECURITY	
O P -																		PURPOSES	
E - R																	ON	ILY THE FIRST	
Т																	TWEL	VE PROPERTY	
Y																		ITEMS ARE	
-																		SPLAYED ON 2C REPORTS	
-					$\dashv$												Г	2C KLI UKIS	
			ehicles S			nber Vehic	cles Recovere		0										
ID	Office:		S, C. J.	ID (15385)	Officer Sig	natur	re					Supervisor MCKA			A. M. (1488	34)			
112	Complainant Signature Case State																		
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by A	Locarrest □	Refuse other Ag	gency	ooperate	Page 1	