| I N | Agenc | y Name | | NSTON-SALE | M P | OLICE | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2441146 | | | | | |
|---|--|--|--------------------|--------------------------------------|--------|-------------|-------------------------------------|----------------|--------|----------|----------------|----------|---------------------------|---------------------|--|-------------------|--------|-----------------------|-----------------|
| C | ORI | NC | NC 034 | 40200 | | | | | | KEPC | JKI | | | Date / Mon | Time th | Reported Day Y | -1- | | IF S |
| D E | 10 | | | | | | | ☐ At | 1 | At Found | SM | ıl ırl w | <u>∓</u> F S | 11 Legt | | | | Time 15:01 MTW: | Hrs. IFS |
| N | #1 | Crime Incident(s) Simple Assault non Aggravated Assault | | | | | | | יו ויי | Month | Day Yr | 1 | 'ime | | | n Secure | T | 'ime | |
| T | Simple Assault-non Aggravatea Assault A com II I4 2024 I5:01 Hrs | | | | | | | | | | | | | | 11 14 2024 15:00 Hrs. Offense Tract | | | | |
| D A | #2 Crime incident Att Location of incident Com 2770 Thornfield Rd, Winston-salem | | | | | | | | | | | | | | | | | | |
| T | #3 Crime Incident | | | | | | | | | | | | | | | /ictim Resi | dence | Туре | |
| A | | | | | | | | ☐ C | om | | | | | | _ |] Single Fa | _ | □Multi | Family |
| MO | How Attacked or Committed DATA OMITTED Forcible ☐ Yes ☒ N/A | | | | | | | | | | | | | | | apon / Tool | S | | |
| | No | | | | | | | | | | | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | |
| V | 1 | | | | | | | | | | | | | | | | | | |
| I | Т, | Victim/ | | Name (Last, First, | | | | | | | Victim of | | 3 / Age | 4 | Sex Relationship Resident Status | | | | Status |
| C T | V1 | | $D\Delta'$ | ΓΑ OMITTED | | | | | | | Crime # | | 29 | | | To Offend | | Resid | ent Resident |
| I M | | | DA | IA OWITTED | | | | | | | 1, | | | W | $M \mid IRU \mid \square$ Unk | | | | |
| IVI · | Home | e Addre | ess | | | D | ATA OMI | ГТЕО | | | | | | | Home Phone | | | | |
| | Empl | oyer Na | me/Add | ress | | | ATA OMIT | | | | | | | Business Phone | | | | | |
| | VYR | l M | ake | Model | l St | yle | | | | | | | Vin | | | | | | |
| | | | | | | , | | | | | | | | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column | R = Recovered if recovered for other | er jur | risdiction) | Z = Seized | B = B | urne | | ounterreit / F | orgea | F = Foun | a | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | Mak | ake/Model Serial Number | | | | er |
| P - | | | | | | | | | | | | |] | DATA | A OMIT | TED | | | |
| | | | | | _ | | | | | | | | | | | | INIC | FOR ORMAT | TON |
| | | | | | | | | | | | | | | | | | | ECURIT | |
| R O | | | | | | | | | | | | | | | | | | JRPOS | |
| Ρ. | | | | | | | | | | | | | | | | | | | |
| E · R | | | | | | | | | | | | | | | | (| ONLY | Y THE I | FIRST |
| T Y | | | | | | | | | | | | | | | | TW | ELVE | E PROP | ERTY |
| | | | | | | | | | | | | | | | | | | EMS A | |
| | | | | | | | | | | | | | | | | | | PLAYE | |
| | | | | | | | | | | | | | | | | | P2C | REPO | X15 |
| - | Numb | er of V | ehicles S | tolen 0 | N··· | mber Vebi | cles Recovere | d 0 | | | | | | | | | | | |
| | Office | r | | ID | | oci v cillo | Officer Sig | | | | | Т | Supervisor | Signati | ıre | | | | - |
| ID | CRU | JISE, . | A. R. (1 | (5558) | | | Ŭ | <u> MATI</u> | | | | | | TSON, G. M. (15167) | | | | | |
| | Comp | lainant | Signatur | e | | | Case Status | | | | | | | cated | | | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive /Cleare | d | | ☐ Cleared | by Ar | Test Locarest by Andrader | Refuse other Ag | gency | ooperate | xıradı | Page | |