| I N | Agenc | y Name | | NSTON-SALE | 1 P | OLICE | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2441494 | | | | | | |
|---|---|----------|--------------------|--------------------------------------|---------------|--------------------|-------------------------------------|----------------------|--------------|----------|--|-----------------------|------------------------------|---|--|----------|--------|--------|-----------------------|---------------------|
| C | ORI | NC | NC 034 | 40200 | | | | | | KEPC | JKI | | | | | Reported | | M T | W T F me 37 Hr: | |
| D E | | | ncident(s | | | | rr I | At Found | <u>-</u> S M | I T W | T F S | Last | | 17 2 n Secure Pay Yi | | | 3/ Hr: | | | |
| N T | #1 | | | | | | | | | Month | Day Yr | Т | 'ime | | | | . — | Time | | s. |
| D | #1 Simple Assault-non Aggravated Assault #2 Crime Incident Simple Assault-non Aggravated Assault | | | | | | | | | | | | | Hrs 11 17 2024 08:36 Hrs. Offense Tract | | | | | | |
| Α | ☐ Com 1323 N Main St, Winston-salem NC | | | | | | | | | | | | | | | | | 112 | | |
| T A | #3 | Crime I | ncident | | | | | | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | |
| | How / | Attacke | d or Con | nmitted | | | | ☐ Com Forcible | | | | | Weapon / Tools | | | | | | | |
| MO | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| V I C | # of V | ictims | Туре | M Parson | | Rusinass | | | | Injury | □ None | Γ¥ΙΛ | □ No | Losso | f Teet | h Dru | g/Alc | ohol U | Jse: | - |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | | n | | | |
| | T ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ No ☐ N/A | | | | | | | | | | | | | | | | | | | |
| | | Victim/ | Business | Name (Last, First, | Mido | dle) | | | | | Victim of Crime # | DOE | 3 / Age 34 | Race | Resident Statu To Offender Resident Statu Resident | | | | | 1S |
| T I | V1 | | DA | TA OMITTED | | | | | | | 1, | | 34 | $\mid_{B}\mid$ | M | 10K | | □ No | n-Resid | ent |
| M | Home | e Addre | .cc | | | | | | | | 1, | | | | W 10K □ Unknown Home Phone | | | | | _ |
| | TIOIN | 2 riddre | | | | D. | ATA OMI | ΓTED | | | | | | | | | | | | |
| | Empl | oyer Na | me/Add | ress | | D. | ATA OMI | MITTED | | | | | | Business Phone | | | | | | |
| | VYR | M | Model | Color Lic/Lis V | | | | | Vin | Vin | | | | | | \dashv | | | | |
| | | | | | | | | | | | | | | | | | | | | 4 |
| 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 | D = er jur | Damaged isdiction) | Z = Seized | B = B | urne | d C = Co | ounterfeit / F | orged | F = Found | d | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | Mak | ake/Model Serial Number | | | | mber | |
| P - R - O - P - R - R - T - Y | | | | | | | | | | | | | | DAT | | 4ITTED | _ | | | |
| | | | | | | | | | | | | | | | | | | FO | | _ |
| | | | | | | | | | | | | | | | | | | SECUI | ATION | - |
| | | | | | - | | | | | | | | | | | | | PURPO | | - |
| | | | | | | | | | | | | | | | | | | | | - |
| | | | | | | | | | | | | | | | | | ONI | LY TH | E FIRS | $\overline{\Gamma}$ |
| | | | | | | | | | | | | | | | | TV | /ELV | E PRO | OPERT | Y |
| | | | | | | | | | | | | | | | | | | TEMS | | |
| | | | | | | | | | | | | | | | | | | | ED ON | _ |
| | | | | | | | | | | | | | | P2C REPORTS | | | | | | |
| - | Numh | er of V | ehicles S | Stolen 0 | Nu | mber Vehic | cles Recovere | d 0 | | | | | | | | | | | | - |
| Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | = 1 05: | | | | \dashv | | | | | |
| ID | | | | | | | Coso States | <u> </u> | | | | | RANKI | KIN, K. L. (15100) | | | | | | |
| Status | Comp | ıaınant | Signatur | e | | | Case Status Further Inact Closed | Investive /Cleare | d | on | Case Dispos Unfoun Cleared Cleared Death o | ded by Ai by Ai | Locarest □ rest by Anonder □ | Refuse ther Ag | gency | ooperate | _ | | Decline ge 1 | d — |