| I N | Agenc | y Name | | VSTON-SALEN | CIDENT/INVESTIGATION | | | | | | OCA 2445097 | | | | | | | | |
|------------|---|--------------------------|--------------------|----------------------|----------------------|------------|----------------------|--------|------------|--|---------------------|--------------|--------|-----------------------------|-------------------------|---------------------|--------------------------------------|-----------------------------|--|
| C · | ORI | | | REPORT | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | | | | |
| D E | | | NC 034 | | | | | Att | At Fou | nd | 4 ls l | d Tl W | | 12 | | 16 20 | 7 Time 24 10:59 Hrs. SMTWTFS | | |
| N T | #1 | | | , Assault-non Agg | rav | ated Ass | sault | ı — | Com | Month 12 | . I | | | T F S Time 0:59 Hrs | | | n Secure Day Yr 16 202 | Time 4 10:58 Hrs. | |
| D. | #2 | | ncident | | , | | | _ | Att | | | f Incident | + 10 | 7.39 | 12 | | 0 202 | Offense Tract | |
| A | Com 1452 Bruce St - E, Winston-salem N | | | | | | | | | | | | | | | | | 211 | |
| T A | #3 | Jime I | ncident | | | | | | Att Com | Premise | e ry | pe | | | | - 1 | | dence Type mily | |
| МО | | | d or Con MITTEI | | | • | | | | | Forcible Yes | X N/A | We | apon / Tool | S | | | | |
| | # of Victims Type No Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | | |
| | 1 | | | ciety Governm | | | inancial Institu | | n1-m ov | - 1 | _ | roken Bone | | □ Severe | Lacera | tions | | Yes Unknown | |
| V I | | Victim/ | | Name (Last, First, | | | пту 🔲 Оппе | 21/ U1 | IKHOW | ^{/11} [|] In | Victim of | | nscious B / Age | Race | | | | |
| C T | V1 | | | ΓA OMITTED | | | | | Crime # | | 65 | | | To Offend | er 🛛 Resident | | | | |
| I M · | | | | IA OMITTED | | | | | 1, | | | В | M | 10K | ☐ Non-Residen ☐ Unknown | | | | |
| 141 | Home Address DATA OMIT | | | | | | | | | ГТЕО | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | TTED | | | | | Business Phone | | | | |
| • | VYR | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | | | |
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| Status | | | | | | | | | | | | | | | | | | | |
| Codes | (Chec Victim | | column | f recovered for othe | r jur | isdiction) | | | | | | | | | | | | | |
| | # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mal | ce/Mo | | Serial Number OATA OMITTED | |
| P - R _ | | | | | _ | | | | | | | | | | | | | FOR | |
| | | | | | | | | | | | | | | | | | | INFORMATION | |
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| E - R | | | | | | | | | | | | | | | | | | ONLY THE FIRST | |
| T . | | | | | | | | | | | | | | | | | | ELVE PROPERTY | |
| Y | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | | DISPLAYED ON | |
| - | | | | | _ | | | | | | | | | | | | | P2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Nur | nber Vehi | cles Recovere | d | 0 | | | | | | | | | | |
| | Office | r | | ID | | | Officer Sig | | - | | | | | Supervisor | Signat | ure | 027) | | |
| ID | | <i>RIS, A</i> lainant | 6003) | Case Status | | | | | | NAVY, | (AVY, C. M. (15037) | | | | | | | | |
| | Comp | amant | DISTALUT! | ~ | ☐ Further | r Inv | estiga | tion | | Unfoun | ded | Loca | ated | . ~ | □ E | xtradition Declined | | | |
| Status | | | | | | | ☐ Inact | /Cle | | | | | | | | Page 1 | | | |