I N	Agenc	y Name		VSTON-SALEN	1 PC	DLICE] IN	CIDENT/INVESTIGATION REPORT					OCA 2445382					
C	ORI	NC	NC 03/	10200			1						Date / Time Reported SMTWTFS Month Day Yr Time					
D E	NC NC 0340200 Crime Incident(s)								│ Att │ At Found │ S M 丁 翌 丁 F S │ Month Day Yr Time						12 18 2024 12:57 Hrs. Last Known Secure S M T H T F S Month Day Yr Time			
N T	#1	S	Simple 1	Assault-non Agg	grava	ited Ass	ault	ı —	Com	Month 12			fime 2:57 Hrs				Time 12:56 Hrs.	
D	#2	Crime I	ncident				Att		of Incident	, C+ 1X	lington sa	lom N	C 27	l	Offense Tract 412			
A T	#3	Crime I	ncident					_	☐ Com 193 Fayetteville St, Winston-sa. ☐ Att Premise Type					iem iv	Victim Residence Type			
A		\	1 C					Com					☐ Single Family ☐ Multi Family Weapon / Tools					
MO			d or Com MITTEE										Forcible Yes No					
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																	
V	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_		
I C		Victim/	Business	Name (Last, First,	Middl	e)			Victim of DO Crime #				B / Age	Race	Sex	Relationship To Offender	Resident Status Resident	
T I	DATA OMITTED										1,		41	W	M	10K,2V	☐ Non-Resident	
M	Home	Addre	SS				_		1,					ne Phone	Unknown			
	DATA OMI													Davis and Dlama				
	Employer Name/Address DATA OMI													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 = D r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit /	Forged	F = Foun	d 				
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	ke/Mo		rial Number	
- P - R _					_											DA	TA OMITTED FOR	
																IN	FORMATION	
																	SECURITY	
O P .					_												PURPOSES	
E ·					+											ON	LY THE FIRST	
T																TWEL	VE PROPERTY	
Υ .																	ITEMS ARE	
																	SPLAYED ON	
-					+											P	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Num	ber Vehic	cles Recovere	d	0									
ID	Office:	r V. <i>C</i> . 1	1. (1588	ID 37)		Officer Sig	Officer Signature Supervisor Signature WAGONER, S. D. (15802)											
ענ	FAW, C. J. (15887) Complainant Signature Case State																	
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ıred			ed by A ed by A	rrest by And	Refuse other Ag	gency	ooperate	Page 1	